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King's College Hospital London

King's College Hospital School Clinic Manual

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February 2025	- Updating the Medication Management

1. INTRODUCTION

1.1. The School Clinic Services are established to promote the health and wellbeing of students through early detection and intervention for medical and learning issues and to provide support to the Children and their Families.

2. PURPOSE

2.1. The aim of this policy is to provide a framework using the four key elements of the KCH School Nurses role:

2.1.1. Safeguarding the health and welfare of children

2.1.2. Health promotion and facilitating early intervention.

2.1.3. Providing pastoral care by being a confidant and family support

2.1.4. Providing an overarching role as “health adviser” to school staff, parents and pupils.

3. SCOPE

3.1. Kings College Hospital School clinic staff, School Administration and Faculty Staff

4. DEFINITIONS

4.1. P.E. - Physical Education

4.2. CPO - Child Protection Officer

KCH - King’s College Hospital London.

5. RESPONSIBILITY

5.1. School Clinic and the Medical Team

5.1.1. King’s College Hospital London-LLC makes continuous effort to uphold the excellence of the Guidelines and Policies of the Dubai Health Authority.

5.2. Doctor

5.2.1. The doctor is duly licensed from the competent authorities, and the duties as per the Dubai Health Authority are as follows:

5.2.1.1. Medical examination with parental consent of student upon joining the school.

5.2.1.2. Cooperate with the competent medical authority in coordinating the vaccination of the students against contagious diseases

5.2.1.3. Prepares a medical report for each student as required.

5.2.1.4. Prepare a standing medication order.

5.2.1.5. Conduct a medical examination as per DHA standard.

5.2.1.6. Conduct health education in collaboration with the nursing team.

5.3. Nurses

5.3.1. The School Nurse shall hold a DHA license as registered nurse and should possess at least 1-year experience of working with children in a school or paediatric setting. There shall be one full time School Nurse per every 760 students.

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

5.3.1.2. Refer student with fever, rashes or unusual behaviour.

5.3.1.3. Report presence of potential hazards in the classroom.

5.3.1.4. Motivate student to enhance healthy practices.

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

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

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

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

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

5.3.1.10. Plan the immunization schedule of every student as per guidelines in immunization and conduct immunization under the supervision of the school health doctor.

5.3.1.11. Update knowledge, skills and practices related to school health requirement.

5.4. School Nurse Absence

5.4.1. In the event of the School Nurse being absent, and the Clinic is left without a nurse for the day, she will notify the Sister/Paediatric Manager, so the necessary arrangement can be made to ensure the Clinic remains open:

5.4.1.1. KCH will provide a DHA Part Time licensed Registered Nurse with Medical Malpractice Insurance.

5.4.1.2. Any other regulatory requirements by DHA.

5.5. Orientation of New Hire-School Nurse

5.5.1. Kings College Hospital London-LLC provides training and orientation to all newly hired personnel regarding the School Policies and Government Policies dealing with roles and obligations of Employees.
In the School Clinic orientation, this procedure follows:

5.5.2. When a new nurse commences in the clinic it is ideal there be a two week – 1-month handover period.

5.5.3 Outgoing staff or current staffs are to train the new hire, if this is not possible, the sister will undertake such training.

5.5.4 In the first week new staff are to review policies, DHA clinic regulations and guidelines to ensure they have a firm knowledge base prior to treating students.

5.5.5 Support will be provided from the other staff at the school clinic, HR, the Bursar and the School Principal as needed.

5.5.6. Staff are required to complete School Nurse competency booklet, drugs calculation test and orientation.

5.5.7 A review will be completed after 6 months of employment to see if the employee has met conditions of the probationary period.

5.6 Continual Education

5.6.1 The Medical Team are given 5 professional development days to undergo training and meetings in improving expertise and knowledge in their field. They must meet CME requirement to renew their license professional.

5.6.2 The Nurse is holder of Basic Life Support Training and Paediatric Advance Life Support and is given opportunity by KCH Management to undergo essential education and continuous updates in relevant clinical practice.

5.6.3 KCH will provide clinical training covering Anaphylaxis Management, Managing Respiratory Emergencies and Managing Emergency Diabetic cases and Glucagon Administration & other relevant topics.

5.7 Quality Governance

5.7.1 Reporting Structure
5.7.2 Clinical Governance Activities
5.7.3 Risk registers (Support with the assessment and management of risk across the clinical facilities).
5.7.4 Management of regulatory inspections.
5.7.5 Medical records management including the security of patient data.
5.7.6 Management of medical devices and device related alerts.
5.7.7 Incident management and training.
Clinical audits (regulatory, international).
5.7.8 Incident trend feedback.
5.7.9 Ambulatory dashboard and KPI monitoring.
5.7.10 RCA support for Serious Incidents.
5.7.11 Complaint and patient experience management.
5.7.12 Infection control surveillance.
5.7.13 Patient safety alerts.
5.7.14 Clinical Components
5.7.15 Year-round health awareness programme – with ongoing visits from Kings specialist physicians or nurses.

6. POLICY

6.1. Student Health Examination and Screening Policy

6.1.1. In accordance with the guidelines of Dubai School Health Authority, the school is required to perform Medical Examinations to the following:
6.1.2. All new students / KG, Foundation Stage
6.1.3. Grade1 / Year 2
6.1.4. Grade 4 / Year 5
6.1.5. Grade 7 / Year 8y, Grade 7 / year 11
6.1.6. Leaving students
6.1.7. Annual Growth, Eye Screening, Dental Screening, Scoliosis Screening and BMI are required to be taken annually to all the students and reported to DHA.
6.1.8. The Clinic notifies the parents prior to the medical examination, forms will be sent to parents for their consent.
6.1.9. Parents who prefer the examination with their family doctor are requested to provide a medical examination report which will be attached to the student's medical file.
6.1.10. The welfare and safety of the children are the utmost priority and they are always supervised by the School Nurse during examination.
6.1.11. Parents are informed to any abnormalities seen during examination and early referral is made accordingly, they will receive a "Kings College Medical Form" (Appendix 1) from the Clinic.

6.2. Accident Prevention and Safety

6.2.1. The school will provide as far as is practical, a safe and healthy environment.
6.2.2. All reasonable steps will be taken to ensure that:
6.2.3. The premises are kept safe and clean to prevent risk to all users.
6.2.4. The equipment is safe and manufacturers' instructions for use are followed.
6.2.5. Staffs are aware of health and safety requirements.
6.2.6. All accidents and injuries are recorded in by the School Nurse.
6.2.7. Incident reports are to be completed for incidents and accidents.

6.3. Safety Checklist

6.3.1 The School Doctor/ School Nurse, Sister and the School Facility Manager/ Health and Safety Officer will complete a monthly inspection to ensure safety compliance and report concerns in the following areas, checks may include:

a. Inspect the grounds for safety hazards.
Hazards that may lead to slipping falling, electrical shock, burns, poisoning or trauma should be eliminated.
Checks may include but not limited to:
- Wooden fences and benches are free of splinters.
- Drains closed and lids in good condition.
- Toy boxes are dry, no insects or water inside.
- Insect's nests.
- Bins with lids and are emptied regularly.
- Climbing frames and all toy structures are secure.

b. Inspect the school for obvious safety hazards which may include:
- Electrical points, sockets, plugs, fuse box.
- The facility should have an appropriate fire-fighting equipment signage, emergency power capabilities, lighting and evacuation plan. Fire exits are free of obstruction, doorways, stairs and steps are safe and accessible.
- Equipment is safe and in good condition.
- Nontoxic materials are used, glue, paint, etc.
- Poisonous cleaning agents are safely stored and not accessible by students.
- Broken or damaged items, toys, kitchen, etc. are to be repaired or disposed of.
- General cleanliness of the school is maintained.

c. Inspect the following areas to ensure routine cleaning has occurred:
- Clinic washrooms are regularly cleaned.
- Classroom are kept tidy and clean
- Toys and in class props are kept clean
- Common areas are clean and tidy

d. A report is compiled and sent to the respective Health & Safety Officer & Senior Leadership Teams.

6.4. First Aids and Medical Emergencies

6.4.1. First Aid

6.4.2. Minor injuries are treated in the clinic with appropriate first aid.

6.4.3. All major/ life threatening injuries are referred as appropriate to Kings College Hospital London, Dubai Hills

6.4.4. A call or email informs parents of their child's condition.

6.4.5. Correct documentation of incident and treatment administered are completed.

6.4.6. Dubai Health Authority medical records are maintained.

This record is used to record all health issues. Records should be contemporaneous.

The important details to be recorded are:

a. The name of the student.
b. Their class.
c. The date, time.
d. The circumstances of the incident
e. A description of any injury sustained.

6.4.7 Any treatment administered.

6.4.8 The School Nurse will check daily the first aid kits and AED's in assigned areas and advising as necessary. The checks will be documented.

6.4.9 If a child sustains a head injury while at school, parents will be informed through telephone, and will be advised to take the necessary precautions following the injury (e.g. vomiting, dizziness). Proper documentation of incident will be implemented (See Appendix 2)

6.5 Sent Home

If a student is required to go home for medical reasons, the medical team will:

6.5.1 Contact the parents/ guardian and request that they collect the student or advice who will be collecting.

6.5.2 No student can go without the parents / guardian.

6.5.3 No student will go home in a taxi unaccompanied. If parents insist that a taxi is used an "against medical advice form "must be signed. (See Appendix 3)

6.5.4 The Nurse will inform the appropriate teachers and admin staff via email

6.5.5 All discharges home will be documented.

6.5.6 Children sent home, if requested by medical team, will be required to seek medical advice and submit a medical report to the clinic.

6.5.7 Children referred to Kings College Hospital, or other, as per parent's request, will be accompanied with a KCH Referral Form (See Appendix 4)

6.5.8 Parents should aim to collect child within 30 minutes upon calling out to parent.

6.6 P.E. Excuse Note

A note or email will be sent with the student, to give to their P.E. teacher, if the nurse deems it necessary (See Appendix 5).

6.7 Notification of Parent

6.7.1 Parents will be informed either verbally by phone or email dependent on the condition of their child, they will be advised of any occurrence that requires follow up or monitoring and of any medication administered.

6.7.2 The School Medical Team is in constant communication with DHA to coordinate and disseminate accurate information in cases of notifiable communicable diseases and parents are notified accordingly.

6.7.3 Parents are updated by the School Nursing Team of any changes or variations to their child's health and wellbeing.

6.7.4 Whenever there is a medical condition that needs to be discussed with parents, a meeting is scheduled with either the school nurse or doctor and a timely plan of referral and treatment is agreed upon. Parents will be requested to provide updates to the school Nurses.

6.7.5 In case of emergency:

A phone call is the most preferred way to notify parents, if they can't be reached, the emergency medical management as per the consent will continue, as the safety and well-being of the child is paramount, this may include transfer by ambulance if needed. The School Administration Team will continue to try to contact the parents or the next emergency contact to inform them of the situation. A copy of the child's EID must be available should emergency transfer or admission be needed.

6.7.6 In case of communicable diseases:

6.7.7. A notification email is sent to the School Teacher and SLT to distribute as per DHA guidelines, the relevant authorities are notified when appropriate. allergies and the physician's order to administer an epinephrine auto- injector shall be entered into the student's

6.8 Allergy Management

6.8.1 The Nurse will compile a School Allergy List. Students with a documented history of anaphylaxis will require parental authorization for emergency treatment.

6.8.2 All students with life threatening allergies will be highlighted on the Allergy List and will be identified by the Medical Team at registration.

6.8.3 Life Threatening Allergies:

6.8.4 While it is impossible to create a totally risk-free environment, school staff and parents will take every precaution to minimize potentially fatal allergic reactions.

6.8.5 The Nurse should be aware of which students carry EpiPen's. EpiPen's kept in the clinic will be clearly labelled with the student's name and expiry date and stored in a locked cupboard.

6.8.6 The Parents are requested to provide a medical report together with the prescription from their doctor detailing their child's allergy history, this will be attached to the child's file.

6.8.7 An Allergy Action Plan will be completed for all students with life threatening allergies. The plan will be updated if clinically annually or as required (See Appendix 6).

6.8.8 The Allergy Action Plan should include:

6.8.9 Telephone number for parents and alternate emergency contacts.

6.8.10 Students' photo.

6.8.11 Specific information about the student's allergy and treatment and history of previous allergic episodes.

6.8.12 Consent for administering emergency medications and emergency transfer to the nearest emergency room.

6.9 Accident and Medical Emergencies

6.9.1 Accidents that Do Not Require Hospital Transfer

6.9.2 If a student is involved in an accident or incident that requires more than basic first aid intervention the following steps should be followed:

6.9.3 The First Responder (if not the Nurse) will call for help and stay with the patient until the nurse arrives following the SBAR.

6.9.4 The Nurse will assess and stabilize the patient and will call administration if emergency services are required. Simultaneously the Parents or Guardians are to be contacted.

6.9.5 If possible, the student will be moved to a safe area, once assessed by the nurse.

6.9.6 Instruct the teachers to reassure the other students.

6.9.7 The student must be kept under medical supervision until recovered.

6.9.8 The incident and any treatment will be documented in student's medical file, and an incident report will be submitted.

6.9.9 An incident form must be completed by the nurse and the person who saw the incident for documentation which will be sent to the School Senior Leadership Team within 24 hours.

6.9.10 Incident reports are available in the School Clinic.

6.9.11 Emergencies that require Hospital Transfer

In the event of an emergency transfer to a hospital:

6.9.12 The School Administration should inform parents of the student and arrange for an ambulance on 998 and the child will be transferred to King's College Hospital London or the preferred hospital of the parents.

6.9.13 The School Administration should arrange for a staff member to escort the child in the ambulance to the hospital, as the nurse must remain in the School Clinic.

6.9.14 An Emergency Transfer Form must be completed by the Nurse.

6.9.15 An incident form must be completed by the nurse and the person who saw the incident for documentation which will be sent to the School Senior Leadership Team within 24 hours.

6.9.16 Incident reports are available in the School Clinic.

6.9.17 Emergency Transfer Information

The Emergency Transfer Form must contain the following information and should be given to the

Emergency Service:

6.9.18 The student's name, age, address and telephone number.
6.9.19 The parents/ guardian's name address and telephone number.
6.9.20 Any known allergies and any relevant medical history.
6.9.21 If available, the date of last tetanus immunization.
6.9.22 An accurate account of the incident/accident.
6.9.23 An incident form must be completed by the nurse and the person who saw the incident for documentation which will be sent to the School Senior Leadership Team within 24 hours.
6.9.24 Incident reports are available in the School Clinic.
6.9.25 Details of any medication and first aid administered in the school.
6.9.26 A copy will be uploaded in student's record.

6.10 Medication Guidelines

Storage Recommendations

6.10.1 All school medications and those brought to school by parents/guardian will be kept in the school clinic in a locked cupboard or locked refrigerator with proper labelling stating student's details such as Name, DOB, Medication dosage, route, date of opening and expiry.
6.10.2 All medications in the original packaging and visible expiry date will be accepted
6.10.3 Student's medications with less than 1 month expiry will be informed to parents for replacement. Uncollected expired medications will be disposed of by the clinic team as per DHA regulations.
6.10.4 All medication required by students in school, must be accompanied by a valid doctor's prescription and student's administration record completed by the school doctor.
6.10.5 Receiving, administration and disposal of medication will be tracked under Student's Medication Tracker
6.10.6 Strictly no medication will be accepted by the clinic team without completion of prescription, student's checklist and students own medication tracker
6.10.7 In the event parents refuse to provide this information, it will be escalated to the SLT and clinic stock will be used
6.10.8 The refrigerator temperature will be checked and recorded twice daily during school hours between 2 and 8ºC.
6.10.9 Medication Authorization Consent Form (See Appendix 7)
6.10.10 The Parent / Guardian must complete a Medication Authorization Consent prior to administration of any medication given by the School Nurse and **must be accompanied by doctor's prescription**.

6.10.11 A new Medication Authorization Consent must be completed if there are changes in the original doctor's prescription or a new medication is prescribed.

6.10.12 A Medication Authorization Consent is valid for the current school year and must be renewed at the beginning of each year.

6.10.13 The Medication Authorization Consent must include:

Student's name and DOB

Name of medication

Dosage and frequency of medication.

Route to be given.

Time and date of administration

Prescription date

Diagnosis

Parent/ guardian and nurse's signature

Contact telephone numbers

6.10.14 The school Nurse will ensure the Medication Authorization Consent will be kept in the student's health record.

6.10.15 Student's own medication must be labelled properly with High Alert Medication Sticker, to be kept in a clear box and store in a lockable cabinet

6.10.16 To ensure maintaining a log/tracker for any medications received from parents

6.10.17 Administration

6.10.18 The 7 R's of drug administration will always be used when administering medications i.e. right person, right medication, right time, right dose, right route, right documentation, right reason.

6.10.19 Prescribed and non-prescribed medications required by students should be administered at home wherever possible. Parents are encouraged to set medication times to outside of school hours if possible.

6.10.20 Where home administration is not possible, the school nurse may administer medication in accordance with the DHA guidelines (with medical report and prescription)

6.10.21 Parents or guardians must pick up all medications after they are discontinued.

6.10.22 Non-traditional forms of medication e.g. herbal or home remedies will

not be administered in the school (as dosage and action cannot be determined).

6.10.23 Nurses will fill up a Medication Administration Record (See Appendix 9)

6.10.24 Medication Container and Labels (See Appendix 8)

6.10.25 Medications, prescribed and non-prescribed, must be in the original, properly labelled container.

6.10.26 All opened medications will be labelled stating the date of opening and expiry date.

6.10.27 A new label is required for any dose change.

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EXPIRY DATE GUIDELINES FOR OPENED MEDICINE CONTAINERS

Important: when applying any of the products listed below you should always wear gloves

INTERNAL MEDICINES	EXPIRY DATE
Oral Liquids	**1 months** from opening or manufacturers recommendation if shorter (if unopened then manufactures expiry)
Multi-dose vials need reconstitution	Use the IV guidelines when applicable otherwise use the manufacturer's recommendations for expiry date after opening
Multi-dose vials (MDV)	**28 days from opening date unless Manufacturer specified expiration date after opening**
Ampoules and Single-dose vials (SDV)	Discard remainder immediately after use
Glyceryl Trinitrate tablets	**8 weeks** after opening (hint, write date of opening on pot if possible)

EXTERNAL MEDICINES	EXPIRY DATE
Creams/ Ointments (tubes)	**3 months** Manufacturers recommendation (date sated on tub)
Creams and Ointments in pump dispenser	**Manufacturer's expiry**
Cream /Ointments (jars/pots)	**3 months** from opening or manufacturers recommendation if shorter
Liquids/lotions	**6 months** from opening or manufacturers recommendation if shorter
Powders	**6 months** from opening or manufacturers recommendation if shorter
Irrigating Solutions e.g. Saline and water	**24 hours** from opening

MANUFACTURERS EXPIRY DATES	WHAT DOES THIS MEAN?
'Use by'	Use by the end of the month e.g. Use by July 2019 = Use by 31st July 2019
'Use before'	Use before the beginning of the month e.g. Use before May 2019 = Use before 1st May 2019
'Expiry date'	Expires at the end of the Month e.g. Expiry date June 2019 = Expires on 30th June 2019
	Use by 12 months after opening note sometimes this figure is higher or lower e.g. 6m use within 6 months of opening or 24m use within 24 months of opening

DROPS	EXPIRY DATE
Ear Drops	**1 month** after opening or manufacturers recommendation if shorter
Eye drops and Eye Ointment	**1 month** after opening or manufacturers recommendation if shorter
Nose Drops	**1 month** after opening or manufacturers recommendation if shorter

- **Expiration date is invalid if there are signs of contamination and deterioration, please discard immediately.**

References: 1- Pharmaceutical compounding of non-sterile preparations, USP 2014-2016 2- USP chapter 797 for compounding sterile preparations, 2014

6.11 Health Record Management and Retention

6.11.1 Student Medical Records:

6.11.2 A complete, comprehensive, and accurate student medical record is maintained for each student.

6.11.3 A record includes a recent history, physical examination, any pertinent progress notes, medications, laboratory reports, imaging reports as well as communication with other student/ patient personnel.

6.11.4 Records and highlight allergies, management of allergies and untoward drug reactions.

6.11.5 The Clinic maintains an immunization record of all students and prescribes and administers immunization in case applicable as per the DHA guideline.

6.11.6 Records should be organized in a consistent manner that facilitates continuity of care.

6.11.7 Discussions with student/patients concerning the necessity, appropriateness of treatment, as well as discussion of treatment alternatives, should be incorporated into a patient's medical record as well as documentation of informed consent.

6.11.8 The school health doctor or when designated, the nurse is be responsible for the complete, cumulative school health record for each student.

6.11.9 The student's medical documents will be uploaded in the Electronic Medical Records. Any paper records will be securely stored in a locked filling cabinet.

6.11.10 Whenever a student transfers to another school, a copy of the complete records is handed to the parents to ensure confidentiality of medical records.

6.11.11 The health record is maintained by the school for a minimum of five (5) years after the student turns eighteen (18) years of age or five (5) years after the student leaves the school.

6.11.12 Health records include information regarding but not limited to:

6.11.13 Health history, including chronic conditions and treatment plan.

6.11.14 Screening results and necessary follow-up.

6.11.15 Immunization status and certification. Health examination reports.

6.11.16 Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care.

6.11.17 The Individual Health Care Plan (See Appendix 10), for a student with chronic health condition, will include:

- The parental authorization of a student's treatment.
- The physician's order to administer a medication, related to the condition.
- Documentation of any nursing assessments completed.
- Documentation of any consultations with school personnel, students, parents, or health care providers related to a student's health problem(s), recommendations made, and any known results.
- Documentation of the health care provider's orders, if any and parental permission to administer medication or medical treatment to be given in school by the school nurse.

6.11.18 Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:

6.11.19 Secure records always, including confidentiality safeguards for electronic records.

6.11.20 Establish, document and enforce protocols and procedures consistent with the confidentiality requirements.

6.12 Lost and Found – Refer to the KCH-SOP-010

6.13 Infection Prevention and Control Policy Guidelines

6.13.1 The School reserves the right not to admit any student onto the premises who appears to be suffering from an infections or contagious disease. A student who is unwell on arrival to school will be sent home to minimize the risk of cross infection.

6.13.2 Any student who has any of the following symptoms should be seen by a physician or remain at home until fully recovered.

6.13.3 Fever

6.13.4 Skin rash of unknown cause

6.13.5 Diarrhoea

6.13.6 Vomiting

6.13.7 Heavy eye or ear discharge

6.13.8 Sore throat

6.13.9 Persistent cough

6.13.10 Red, watery and painful eyes

6.13.11 Ring worm

6.13.12 Known contagious infections

6.13.13 Children should not return to school until they are 24 hours symptom free without medication or as advised by DHA exclusion period guidelines.

6.14 Head Lice Policy

6.14.1 Whilst parents have the primary responsibility for the detection and treatment of head lice The School Medical Team will work collaboratively to assist to manage head lice effectively.

6.14.2 Routine Headlice Checks are generally not needed. However, if a case of suspected head lice is reported a head inspection check is carried out by the school nurse.

6.14.3 If the teacher suspects infestation on a child, the nurse should check and the doctor if available should confirm.

6.14.4 Only exclude children from school with live lice.

6.14.5 Parents are informed by email and an information sheet is sent home. (See Appendix 11).

6.14.6 Children are allowed back in school with nits provided they've been treated with a medicated shampoo.

6.14.7 Children with adult lice should receive treatment before they return to school.

6.14.8 The Child can return to class once the Nurse has confirmed that the child is lice free.To support parents to achieve a consistent, collaborative approach to head lice management.

6.15 Immunization

Students should be prepared for vaccination with consideration for their age and stage of development. Parents/guardians and patients should be encouraged to take an active role before, during and after the administration of vaccines.

6.16 Screening

All students should be screened for allergies, contraindications and precautions for each scheduled vaccine.

6.17 Inspecting vaccine

Each vaccine vial should be carefully inspected for damage or contamination prior to use. The expiration date printed on the vial or box should be checked. Vaccine can be used through the last day of the month indicated by the expiration date unless otherwise stated on the package labelling. Expired vaccine should never be used.

6.18 Reconstitution

Some vaccines are prepared in a lyophilized form that requires reconstitution, which should be done according to manufacturer guidelines. Diluent solutions vary; use only the specific diluent supplied for the vaccine. Once reconstituted, the vaccine must be either administered within the time guidelines provided by the manufacturer or discarded.

6.19 Filling

Filling syringes in advance is strongly discouraged, because of the increased risk of administration errors, and possible contamination in vaccines that do not contain a preservative. Syringes other than those filled by the manufacturer are designed for immediate administration, not for vaccine storage.

Under no circumstances should MMR, varicella, or zoster vaccines ever be reconstituted and drawn prior to the immediate need for them. These live virus vaccines are unstable and beg into deteriorate as soon as they are reconstituted with diluent.

6.20 Implementation of Vaccination Program

6.20.1 The Medical Team will plan at the beginning of the year for the campaign and an annual estimated vaccine according to target population is sent to DHA for approval (See Appendix 12).

6.20.2 Immunization Program Information will be sent to parents through the School Parent Communicator along with the Principal's letter.

6.20.3 Parents who wills to avail the vaccination shall complete the consent form and return it along the with the original vaccination card (See Appendix 13)

6.20.4 Following the cold chain, 1 nurse will go to CSC clinic, Jaffilya, to receive the required vaccines in the morning of the campaign. All safety procedures and precautions shall be followed during the vaccination.\

6.20.5 A notification form is sent to the parents after the child received the vaccination, indicating the vaccination received by the child. (See Appendix 14)

6.20.6 Remaining vaccinations are stored in an appropriate temperature and are returned to CSC centre in the afternoon.

6.20.7 Form 3 (Appendix 15) is sent again to DHA nurse, designating the actual consumption during the program.

6.21 Vaccines are only to be given in the following circumstances:

6.21.1 Consent form is fully completed, signed by parent and dated

6.21.2 Student does not have any allergies or contraindications to the vaccine.

6.21.3 Student requires a dose of the specified vaccine.

6.21.4 Should any of the above not be completed, the vaccine will not be administered.

6.21.5 Emergency/ Anaphylaxis kit should be available during all vaccine campaigns.

6.21.6 Adverse reaction forms should be available in the instance of a reactions.

6.21.7 Students are to be monitored in the clinic for up to 15 minutes after administration of the vaccine to monitor for any adverse reactions.

6.21.8 Parents are to be provided information in the form of a letter to go home with the student detailing any side- effects of the vaccine.

6.21.9 Vaccine administration is to be noted on the DHA blue immunization cards, original records, and on the immunization booster record. The DHA electronic "Hasana" system should be updated.

6.22 Diabetic Care Management and Glucagon Administration

6.22.1 Dubai Health Authority requires schools to take specific actions to ensure that the students with diabetes can manage their disease while at school and to ensure the health and safety of the student and the school community.

6.22.2 Purpose

6.22.3 Students with diabetes must balance food, medications, and physical activity while at school.

6.22.4 School nurses coordinate care and educate school staff to provide a safe, therapeutic environment for students with diabetes.

6.22.5 Goal

6.22.6 Optimal Student Health and Learning. All school staff members should have to know whom to contact for help. The School Nurse has primary responsibility for emergency administration of glucagon. It will be administered with parent's prior consent after hypoglycaemia is confirmed through capillary blood glucose check. The student is to then be transferred to hospital for further assessment.

6.23 Medical Hazardous and Waste Management

School are required to have an agreement with the cleaning facility from the start of the school year.

The Cleaning Company is a handler of hazardous and non-hazardous solid and liquid waste and processes the required skills, knowledge and expertise to provide services to Partnered School in compliance with all laws, guidance rules, standards, policies and codes issued by the applicable authorities in the UAE.

6.24 Obligations of the Nurse in the Clinic

6.24.1 Ensures that waste bins are labelled, and proper waste disposal is observed.

6.24.2 Sharp container is be kept above ground level and disposed after 3 months or when it is 2/3 full.

6.24.3 Sharp container must be properly labelled with the name of the school, expiry date, staff name and signature after closing it permanently.

6.24.4 Nurse notifies cleaning company 24 hours prior to collection of waste and sharp container.

6.24.5 Medical waste bags are removed daily.

6.25 Needle Stick Injury

6.25.1 Needle stick injuries are managed as per the Infection Prevention Control Manual of Kings College Hospital. (See Appendix 16)

6.26 Outdoor Heat Exposure

6.26.1 In conjunction with the nurses, primary head and primary key leaders, when the heat index reaches 38 degrees Celsius, primary children may remain indoors for the lunchtime break; secondary students may have indoor physical education (PE) or reduced outdoor activities. (See KCH-SCH-SOP-026.)

6.27 Fire and Safety Plan

Schools will implement this policy to ensure that students and staff are safe in situations where they must evacuate the school grounds and buildings for their own safety.

This policy applies to employees, parents/students and people visiting the school site. It covers the procedures and personnel responsibilities when the school is required to be evacuated.

Please refer to the respective schools Fire and Emergency Policy and Evacuation Plan.

6.27.1 Procedure:

Staff will be given training by Civil Defense on how to manage in emergency situations. Staff will be safely training in how to use a Fire Extinguisher. (See Appendix 17)

6.27.2 In case of fire:

6.27.3 Operate the nearest fire alarm immediately.

6.27.4 Close the door on the room of the fire.

6.27.5 Proceed to the Assembly Area.

6.27.6 Notify Principal/Head of fire location.

6.27.7 Security Guards to contact Civil Defense Fire Service.

6.28 Child Protection Policy

6.28.1 The School upholds the rights of children for protection from abuse. In accordance to this, we have set up guidelines to follow in cases of suspected abuse.

6.28.2 All action is taken in line with the following guidance: Local Safeguarding Guidelines and Local Child Protection Procedures when they become available. A copy of these documents will be held by the Child Protection Officer. The Childs Rights Law Wadeema's Law was passed by the Federal National Council December 2015.It was signed and took effect last June 15, 2016.

6.28.3 Safeguarding Children in Education and supporting documentation is the framework in which the School should address all matters pertaining to safeguarding and child. Hard copies of these documents are kept in the CPO's office. Staffs are kept informed about child protection responsibilities and procedures through induction, briefings and awareness training.

6.28.4 Any member of staff or visitor to the school who receives a disclosure of abuse, an allegation or suspects that abuse may have occurred must report it immediately to the Child Protection Officer or in their absence, the Deputy Child Protection Officer In the absence of either of the above, the matter should be brought to the attention of the most senior member of staff.

6.28.5 The Child Protection Officer or their Deputy will immediately refer cases of suspected abuse or allegations in accordance with the procedures outlined within this policy.

6.28.6 The school will always undertake to share an intention to refer a child with the parents unless to do so could place the child at greater risk of harm or impede a criminal investigation.

6.28.7 On these occasions' advice will be taken. A statement in the Parent Handbooks will inform parents about our school's duties and responsibilities under child protection procedures.

6.28.8 Parents can request a copy of the Child Protection Policy directly from the school.

7 . REFERENCES

7.5 DHA School Health Regulation V4
7.6 Center for Disease Control and Prevention
7.7 Wadeema's Law (June 15, 2016)
7.8 http://www.bsaci.org/about/download-paediatric-allergy-action-plans
7.9 https://www.cdc.gov/parasites/lice/head/treatment.html

1. ROLES/ RESPONSIBILITIES:

1.1 **School Nurse Supervisor/ Clinical Service Manager:** oversees that correct practice and procedures are followed regarding First Aid.

1.2 **School Nurse**: Providing first aid, informing parents, and maintaining he emergency consent and transfer of child. Ensure adequate stock and purchase of First Aid Equipment has taken

1.1 **Parents:** Signing the emergency consent and transfer

1.2 Provision of First Aid Equipment:

1.2.1 The School Nurse ensures that the supplies for first aid are replenished weekly.

1.2.2 Each teacher in charge of extracurricular activities at school and away sporting events, as well as school trips and tours have the responsibility to take a First Aid Kit assigned to that activity (even where one is provided upon arrival).

1.3 Locations of First Aid Station

1.3.1 First aid materials & Medicines are kept in a locked cupboard in school clinic.

1.4 Staff Training

1.4.1 The school management funds the In-Service Training in First Aid for Staff.

Categories	Life-threatening	Non-Life threatening	Minor Injuries
Medical	• Cardiac Arrest • Anaphylaxis • Seizure • Choking • Chest Pain with breathing difficulties • Unconscious student • Hypoglycaemia <45 mg/dl • Sepsis	• Difficulty in breathing • Severe abdominal pain/ RIF pain • >3 vomiting episodes in 30 minutes • >3 episodes of loose stools in 30 minutes • Mild hypo/hyperglycaemia <60mg/dl • Epistaxis >15 minutes • Fever > 38.5 • Human/ Animal bites • Heat stroke	• Mild headache • Fever <38.5 deg • Epistaxis, well controlled • Constipation • Insect bites • Headlice • Mild eczema/ skin rash • Nausea • <3 vomits in 30 minutes • <3 loose stools in 30 minutes • Epigastric pain • Red/ Itchy eye, not related to FB • Cough • Sore Throat • Earache- not related to FB • General body pains
Injuries	• Fractures, open/ closed • Dislocation • Major haemorrhage • Drowning • Loss of Consciousness due to head injury • Poly trauma	• Immobile child/ neck injury • Swallowed/ inhaled foreign body • Blunt trauma, by force or object • Burn >5 % (greater than child's hand) • Dental/ facial injury (loss of tooth • Excessive bleeding • Laceration > 2cm • Assault- by pupil • Nail bed injury- where nail has avulsed	• Eye graze/ corneal abrasion • Minor injury to single limb/ digit • Grazes • Bruises • Minor head injury with no wounds & <2cm haematoma • Foreign body in eye, ear, nose, skin ie splinter • Small scald (redness to the skin)
Safeguarding	• All injuries suspected or known to be related to abuse/ suspected abuse of a child not limited to; - burns, bruising, lacerations, bite marks, grab/ hold marks/ cigarette burns.		
Isolation/ Communicable diseases	• Positive COVID 19 • Polio • Anthrax • Botulism • Choler • Diphtheria • Food borne illness- food poisoning (ecoli) • Influenza Avian • Measles • Mumps • Meningitis • Nipah Virus • Plague • Rabies • Rubella	• Isolated COVID Cases, sent for PCR & home isolation • Dengue Fever • Hepatitis A • Salmonella • Hepatitis E • HIV positive • AIDS • Influenza A • Malaria • Leprosy • Whooping Cough • Pulmonary TB • Tetanus	• Ascariasis • Brucellosis • Chicken Pox • Syphilis • Cytomegalovirus • Encephalitis • Food borne- typhoid • Gonococcal • Hep B/C/ D • Herpes Zoster • Infectious Mononucleosis • Influenza
Psychosocial	• Any behavioural changes noted due to suspected safeguarding incidents	• Anxiety/ Panic Attacks • Bullying	• Tearful child • Family issues • Settling into school issues

APPENDICE

Appendix I. KCH 629

MEDICAL REPORT

Dear Parent/Guardian,

Your child was seen by the School Doctor for routine medical examination as per the Dubai Health Authority's requirements.

A body Mass Index or BMI screening program is part of the medical exam. Your child's height and weight are measured against their age allowing us to know if your child is in a healthy weight range.

BMI does not tell the whole story about your child's health status. It is therefore important to share the results with your child's health care provider. Please also encourage a healthy diet full of fruits and vegetables as well as regular exercise.

The official BMI-for-age weight status categories are as follows:

Weight Status Category	Z-Score
Severe Thinness	Less than -3
Thin	-3 to -2
Normal	-2 to 1
Overweight	1 to 2
Obese	Greater than 2

If your child's BMI has a Z score of less than -2 he/she may be underweight. If your child's BMI has a Z-score of greater than 1, he/she may be overweight or obese. You are advised to share these results with your child's health care provider.
Your child's measurements are:

Height:	Weight:	BMI:	Z-Score:

Please do not hesitate to call_____ext. if you have any questions or concerns.

Doctor's Comments:	
	Date:

Appendix 2: KCH 630

Head Injury Advice Card to Parents/Carers

If your child has any of the following during the next 48 hours:

Vomits repeatadly ie; more than twice (atleast 10 minutes between each vomit)

-Becomes confused and unaware of surroundings

-Loses consciousness, becomes drowsy or diffcult to wake

Has a fit or convulsion

-Develops diffculty speaking or understanding of word

-Weakness in arms/ legs/ loosing balance

-Develops problems with eyesight

Please seek urgent help; go to the nearest emergency department or call 999

If your child has any of the following during the next 48 hours:

- Develops a persistance headache which will not go away (despite paracetamol/ ibuprofen)

Develops a worsening headache

Contact your family doctor/ school nurse toda

If your child

- Is alert and interactive

-Vomits, but only twice

-Experiences mild headaches, struggles to concentrate, lacks appetite or problems sleeping

Self Care; continue providing your child's care at home. If you are still concerned about your child , make an appointment with your doctor

How can I look after my child?

- Ensure they have plenty of rest initially, a gradual return to normal activities / school is recommended
- Increase activities only as symptoms start to improve
- Avoid sports, computer games and excessive exercise until all symptoms have improved.

Concussion following a head injury

- Symptoms of concussion include mild headache, nausea (without being sick), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping- these can last days, weeks or even months. Some symptoms resolve quickly whilst other may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been 'knocked out'

Advice about returning to school/ nursery

- Don't allow return to school until they have completely recovered
- Don't leave your child unattended for 48 hours post head injury

Advice about returning to sport

- Repeated head injury during concussion recovery can cause long term damage to the child's brain
- Expect to stay off school for 2 weeks until symptoms have fully recovered
- Discuss with school nurse and PE teacher to discuss gradual return to full activity if needed.

Appendix 3: KCH 631

AGAINST MEDICAL ADVICE (AMA) FORM

I,_____**(nurse name)** and
_____**(Name of witness**) confirm that
_____**(patient name**) left/ not attended procedure or treatment against medical advice.

A medical risk assessment of the patient was performed and the following discussion with the patient / legal representative about the consequences of leaving against medical advice, a decision was made to:

_____

_____

With subsequent follow up:

_____

_____

This was discussed with the patient with the patient / legal representative and they agree / disagree (delete as appropriate) with receiving a follow up phone call.

If signed by someone other than patient, please indicate relationship: _____
If patient / patient legal representative declined to sign, please state: _____

Print name:_____(patient / legal representative)
Signature:_____(patient / legal representative)

Print name:_____(witness)
Signature:_____(witness)

Date: _____

Appendix 5 KCH 632

P.E. Excuse Note

To Whom It May Concern:

Kindly excuse_____**(student's name)** from_____**(year group)** for doing Physical activity today as he/she's having _____ **(condition),** school doctor was advised him/her to refrain PE for today.

Should you have further inquiry, please do not hesitate to contact_____(school nurse email) &_____(school doctor's email)

KCH Staff

Appendix 6

ADMINISTRATION OF MEDICINES

During the school day, children may develop minor illness or injuries. Children will be assessed by the School Nurses and you will be contacted if necessary.

Whilst on_____(school name) School premises, medication will be given by School Nurses only. During school trips medication will be administered by staff with first aid training.

Please see the list below for general medications used in the School Clinic. If you have any objections to your child receiving anything listed, please contact the School Nurses.

Medications used in the School Clinic
Strepsils for sore throat (age 6+)
Vicks drops for sore throat/cough (age 5+)
Olbas oil (nasal congestion)
Vicks vaporub (respiratory congestions)
Fastum gel (for inflammation & relieve pain)
Paracetamol (fever or pain relief - see below consent)
Optrex eye bath (for dry, itchy, irritated eyes)
Gaviscon for heartburn & indigestion (age 6+). Please note that parents will be contacted first before this medication is administered
Teething gel (mouth ulcers and gums)
Fenistil gel (insect bites, itchiness & sunburn)
Nexium (12+) for acid reflux
Prolyte (oral rehydration salts for dehydration)
Antiseptic Wound Spray
Burn Spray
Vaseline (Dry skin/lips)
Sudocream (Eczema and dry skin)

Name of Parent:_____ Signature: _____

Date: _____

Appendix 7

حكومة دبي
GOVERNMENT OF DUBAI

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

Electronic copy is controlled under document control procedure. Hard copy is uncontrolled & under responsibility of beholder
It is allowed ONLY to access and keep this document with who issued, who is responsible and to whom it is applicable.
Information Security Classification: ☐ Open ☑ Shared -Confidential ☐ Shared-Sensitive ☐ Shared-Secret

Public Health Protection Department- School Health Section

Parental/Guardian Consent & Medication Record to Administer Prescribed Medication

Student Full Name:_____	**D.O.B:**_____	**Age:**_____
EMIRATE ID:_____	**Student ID:**_____	**Gender:** ☐ Male ☐ Female
School Name:_____	**Grade:**_____	**Nationality:**_____
Treating physician details: Name:_____ Workplace:_____ Contact No:_____	**Allergy Status:**_____ **Medical Diagnosis/ condition:** _____	
Medication Name :_____	**Medication Strength:** _____	**Expiry Date:** _____
Dose:_____ **Frequency:**_____	**Start Date** _____	**End Date:**_____
Route for administering the medication: ☐ By mouth ☐ Injection ☐ Inhalation ☐ Topical ☐ Other: (specify)_____	**What time does medication need to be given at school?** _____AM _____PM	

Any precautions/ contraindications that school personnel need to know?

_____

To ensure student safety. School Medical staff is responsible to read the instructions in original prescription prior to completing the record & adhere to the principles of drug administration.

Please attach the copy of original prescription.

school medical Team (name & license ID): _____

Signature: _____Date:_____

I understand it is my responsibility to send the medication to school in the original pharmacy container labeled with my child's name, treating physician's instructions/care plan and provide the original prescription and any other documentation to assist in the safe administration of the specified medications.

Parent/Guardian-Full name: _____

Parent/Guardian signature: _____Mobile No:_____Date_____

ID	Issue#	Issue Date	Effective Date	Revision Date	Page#
CP_6.2.14_F11	3	Nov 20, 2023	Nov 20, 2023	Nov 20, 2026	1/2

Student Full Name:_____				Student ID:_____	Hasana ID:_____
Medication Name: _____				Emirates ID:_____	
DATE	TIME	DOSE	ROUTE	NAME OF STAFF & SIGNATURE	NOTE

Appendix 11 KCH PFE 047

Headlice Notification to Parent/Carers

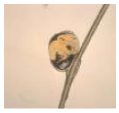
PARENT INFORMATION SHEET FOR HEAD LICE

What to look for:

A head louse is a tiny 6-legged insect which is between the size of a pinhead and a sesame seed. It is greyish brown in colour. The adult louse lives for about one month.
Each leg ends with a claw, which grasps the hair, enabling swift movement close to the scalp. It does not walk on the scalp and cannot jump or fly and has difficulty walking on flat surfaces.

Facts about head lice:
They feed only on human blood, approximately 5 times per day.
Females outnumber males in the ratio 4:1 and lay 6 to 8 eggs daily. (Not all eggs are viable).
Eggs are firmly glued to strands of hair close to the scalp, preferring a temperature of 30 - 31◦C which is favourable to incubation. Therefore, it does not matter whether hair is short or long.
Shaving off the hair is **not** an acceptable treatment for head lice infection.
Live eggs are skin coloured and very difficult to see.
The incubation period is 7 to 8 days and within 10 days of hatching the louse becomes a mature adult and is able to mate.
Nits are empty egg cases. After a louse has hatched the empty egg case becomes white. If you have nits it does not always mean that you have head lice. Nits remain stuck to the hair and grow out as the hair grows, at a rate of 1 cm per month.

You only have head lice if you can find a living, moving louse (not a nit).

NIT 

Lice will live on hair that is dirty or clean, short or long, adult or child. Short hair may make it easier for them to get from one head to another.
Adult lice can live apart from humans for only a short period of time. It is rare for infection to be caught in this way.
Lice do not keep still and move very rapidly when disturbed e.g. when undertaking detection combing.
For a first infection it can take up to 8 weeks for itching to start, with subsequent infections itching will occur sooner.
Sometimes the appearance of a rash at the back of the neck is the first indication of infection.

High standards of personal hygiene **do not** necessarily prevent head lice infection.

The method of transmission (person to person spread) is walking from head to head. The heads must touch for duration of at least one minute or more.
Head lice infection **is not** highly contagious, taking time to spread through a population. The infection is much less infectious than some other common infections in children, such as chickenpox and impetigo.
Lice **cannot** hop, jump, fly or be drowned. Should a louse be found on a hat, collar, pillow chair back, etc. it will either be a dead louse or a damaged louse that is too weak to hang onto the hair.

PREVENTION AND DETECTION

All family members should regularly brush/comb their hair. Good hair care will **not** prevent head lice infection but may help to identify head lice at an early stage and so help control the spread of infection. When hair is washed, damaged lice will float on the surface of the water. Also, the presence of lice may be indicated by finding a black power on the pillow in the morning. This is a mixture of black faecal powder and cast skins, which can also make collars become dirty more quickly than normal.
Children should be provided with their own brush/comb and be encouraged to adopt good hair grooming habits.
Weekly wet combing detection of children is recommended as the most effective method of identifying and removing head lice.
Wet combing detection is especially important when you know that head to head contact with an infected person has occurred or when members of the household have been named as contacts.

The use of louse repellents should be discouraged, as they do not deal with the control of lice in the population, and they do not treat existing infections.

Only when live lice are identified should treatment be commenced.

Once infection is detected there are 2 treatment approaches:
(1) Removal by wet combing; or
(2) The use of insecticide lotions.
Both methods require continued combing to remove any unhatched eggs.

PARENTS SHOULD MAKE AN INFORMED DECISION REGARDING TREATMENT

Wet Combing

'Wet combing' involves washing the hair and applying conditioner, -then comb to remove tangles. Taking a section at a time, a fine-tooth detection comb is then pulled downwards through the hair, keeping the comb close to the scalp (where head lice are often located). The process should take approximately 30 minutes,
3 or 4 times a week for at least 2 weeks.

The comb is checked for lice after each section. The comb must be fine enough to catch the lice and a pharmacist should be able to recommend a comb for this purpose, if parents are in any doubt. If head lice are found, all other
members should be checked and if necessary treated. Checks should be continued following treatment to ensure that it has been effective and to detect any re-infection.

Insecticides

There are various different insecticide lotions available which must only be used if live lice are found. A good pharmacist should be able to advise you on the current recommended treatment lotions. The treatment options usually contain Malathion, Permethrin or Phenothrine. Examples of treatment include:

- Nyda Shampoo/Spray
- Acu Med Lice Cure
- Custin Pediculicide Shampoo
- Hedrin Spray

These ingredients have a good safety profile and are effective treatments if used correctly. Some lotions are not suitable for asthmatics, those with allergies and breast feeding or pregnant women**. Please check instructions carefully before using.**

Please consult and follow the instructions carefully. Keep the lotion out of the eyes and off the face. A towel should be used to cover the face.
Some lotions are highly flammable, so use well away from naked flames or sources of heat.
Do not use a hairdryer.

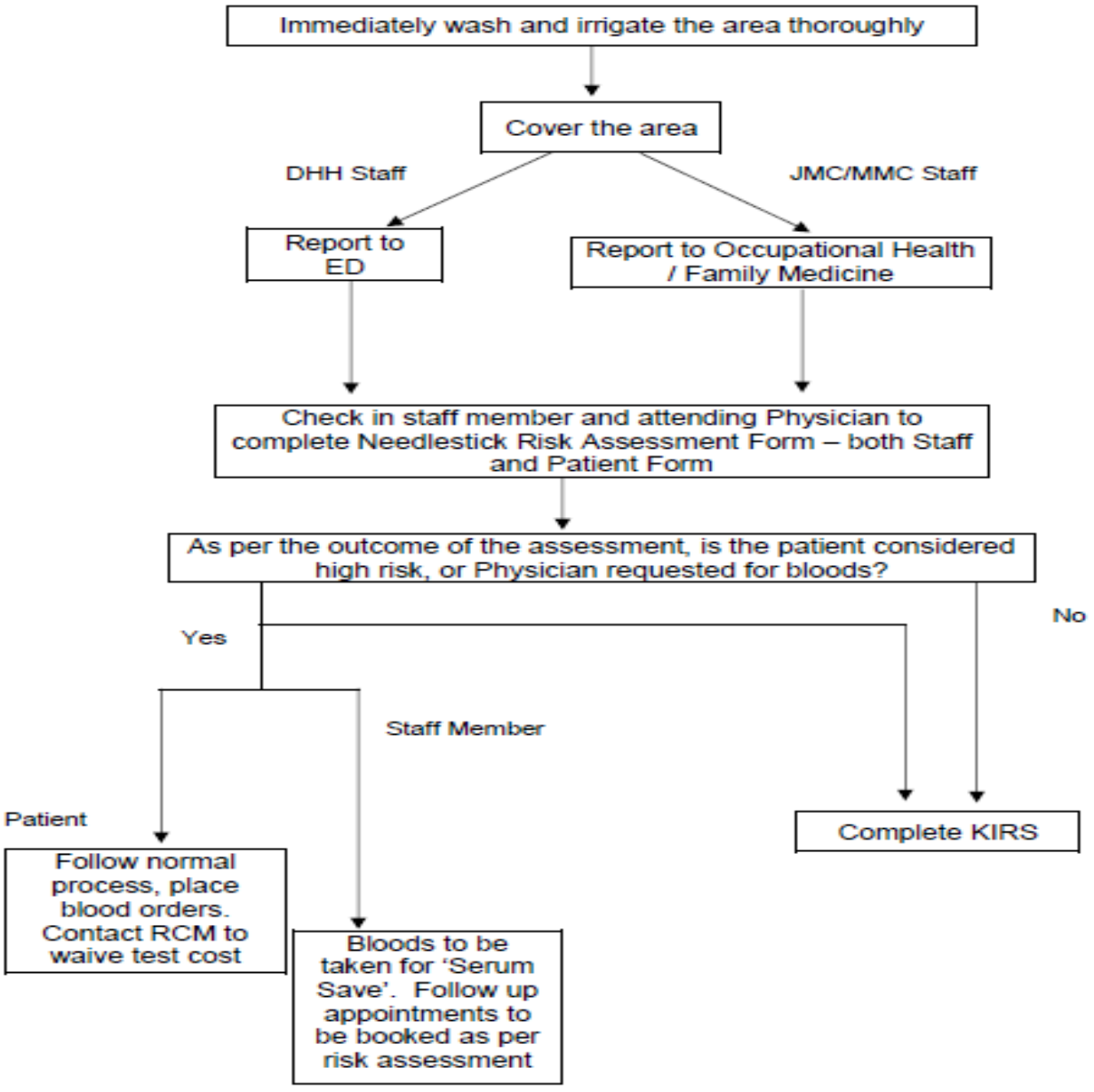
A second treatment using the SAME lotion may be required, this is to kill any lice emerging from eggs that survive the first application. Please refer to product instructions.
Check all heads a day or 2 after the second treatment. It is unlikely but if you still find living, moving lice ask your clinic or pharmacist for further advice.

The lotion will only work if enough lotion is used and manufacturer's instructions are followed it is imperative that other family members and 'best friends; are checked and treated.
We hope that you have found this guide informative, please do not hesitate to contact the school nurse should you have any questions or require advice.

Appendix 16 KCH 078

مستشفى كينغز كوليدج لندن
King's College Hospital London

Needlestick Injury Procedure



Appendix 17


Healthcare Fire Safety
There are four essential steps to take if you discover a fire:
R
Rescue
anyone in immediate danger of the fire.
A
FIRE ALARM
Alarm
Activate the nearest fire alarm and call your fire response telephone number.
C
Contain
fire by closing all doors in the fire area.
E
Extinguish
small fires. If the fire cannot be extinguished, leave the area and close the door.
You should know:
Locations of nearest fire extinguishers and alarm pull boxes
The fire location - room number and building
All fire exits in your work area
How to properly operate a Fire Extinguisher
P
Pull
the pin, release a lock latch or press a puncture lever.
A
Aim
the extinguisher at the base of the fire.
S
Squeeze
the handle of the fire extinguisher.
S
Sweep
from side-to-side at the base of the flame.
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Healthcare Inspirations

Appendix 18 KCH 633

Head Lice Check Consent Form

Permission to cover the duration of the student's enrolment at _____

Throughout your child's schooling, the school may need to arrange head lice checks of students.
The management of head lice infection works best when parent permission is given for all students to be involved in the inspections.

The school is aware that this can be a sensitive issue and is committed to maintaining student **confidentiality** and avoiding **stigmatisation.**

The inspections of students will be conducted by a trained person (school nurses).

Before any checks are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasised to students that the presence of head lice in their hair does not mean that their hair is less clean or well-kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have got them, you can do something about it.
The person conducting the inspections will check through the student's hair to see if any lice or lice eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the Deputy Head. School Nurses will contact the parents/guardians/carers.
Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. Parents will be required to complete an Action Taken Form, which requires parents/guardians/carers to inform the school in writing when the treatment was started.

Name of child attending the school: _____
Year Level: _____
Parent's/guardian's/carer's full name: _____
I hereby give my consent for the above-named child to participate in head lice checks at school for the duration of their schooling at this school.

Signature of parent/guardian/carer: Date:

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child

Appendix 19 KCH 634

Action Taken – Student Head Lice
Parent/Guardian/Carer Response Form

To: School Nurse
CONFIDENTIAL

Student's Full Name:_____ **Year Level**: _____

I understand that my child should not attend school with untreated head lice.
I used the following recommended treatment for head lice or eggs for my child (insert name of treatment)

Treatment commenced on (insert date)_____/_____/_____

Signature of parent/carer/guardian: …….. Date……

مستشفى كينغز كوليدج لندن
King's College Hospital London

Student Medication Handover to the Clinic

This form must be completed on receiving any new/replacement medication to the clinic.

Childs Name	
DOB	
Class	
Parent attending handover meeting:	
Date of meeting:	
Personal conducting meeting- Dr or RN:	

	Information/ Yes or No	Parent Signature	Dr/ Nurse Signature
Medication being handed over:			
Quantity:			
Added to the tracker?			
Medication labelled & in correct packaging:			
Medical Report received: (Within 1 month)			
Valid Prescription received: (Within 1 month)			
Discussion over ensure medication is re-ordered/ restocked within 1 month of expiry			
Discussion over expiry of medication/ KCH disposal policy			
ICP completed with parent & signed?			

KCH SCHOOL CLINIC STANDARD OPERATING PROCEDURE

1. PURPOSE/SCOPE:

1.1 To ensure that all medical waste is removed from the clinic and school premises by Cleaning Staff from school.
1.2 To ensure that all sharps are disposed and collected by the collection team
1.3 To ensure that staff understands the importance of waste and management in preventing and controlling initial infection and cross-infection.

2. POLICY STATEMENT:

2.1 Daily collection of medical waste from clinic to main waste bin.
2.2 Monthly collection of medical waste from the main medical waste bin
2.3 Waste bin for medical waste shall be provided by the school management.

3. GENERAL PROCEDURE:

3.1 A disposal service provider will be contracted, and an audit carried out to identify the school's needs
3.2 Always segregate general and clinic waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinic waste bag.
3.3 General waste and medical waste bins must be emptied frequently and at the end of the day.
3.4 All external bins are stored in designated areas, out of direct sunlight and free from vermin. Lids to all bins must always be kept closed.
3.5 Bin bags must be squeezed to reduce the air and then tied up to reduce the likelihood of unpleasant smells. The lack of air slows down the general decomposition.
3.6 Cleaners should abide to Infection Control Policy
3.7 Personal Protective Equipment (PPE) must be worn where there is a risk of splashing or contamination.
3.8 No waste should be store on main corridors, along fire escape routes or blocking fire exits.

1. PURPOSE/SCOPE:

1.1 To ensure all students (FS, YR2, YR5, YR8, Yr11, YR13, and new admissions) will undergo medical examination in the year of admission and leaving the school according to DHA requirements.

2. ROLES AND RESPONSIBILITIES:

2.1 Consent for routine school medical examination will be obtained from parents as part of the medical consent form which is completed during admission.
2.2 Parents will be notified of the routine medical screening in advance and offered the opportunity to attend.
2.3 The school nurse will prepare the students for the examination. Preliminary height, weight, and BMI calculation.
2.4 The School Doctor in the presence of the school nurse will carry out the routine medical screening according to the criteria established by the DHA.
2.5 Any findings will be shared with the student's parents by private letter and/or telephone call if appropriate.
2.6 Any referral for follow up to be recorded in student files
2.7 All findings will be recorded in the student's school health file.
2.8 All findings to be recorded and shared with the DHA in the annual statistic.

3. ATTACHMENT/FORMS:

3.1 KCH PFE 047 Parent Information Sheet for Head Lice
3.2 Admission Form

Standard Operating Procedure:	**Minor Injuries, First Aid and Emergency**
SOP Number:	**KCH-SCH-SOP-003**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/SCOPE:

1.1 To provide effective First Aid support for all pupils, staff and visitors.

1.2 To ensure that all pupils, staff and visitors are aware of their roles and responsibilities in relation to First Aid and the First Aid system in place.

1.3 To prioritize the emergencies and provide immediate care.

1.4 To support awareness of Health & Safety issues within school and on off-site activities, in order to reduce the risk of illness or injury.

2. POLICY STATEMENT:

2.1 Emergency situations are as described below:

2.1.1 **Life threatening:** Open fracture. Severe bleeding, shock, complicated asthma, Anaphylaxis (severe allergy), repetitive seizures, Severe Head Injury, Severely deformed position of limbs.

2.1.2 **Non-life threatening:** Cuts (suturing), fractures, sprains, high fever, allergies, vomiting, diarrhea.

2.1.3 **Emergency Type 2**

Fever, cough, non-complicated falls, stomach discomfort, scratches, light bumps and bruises.

2.2 In situations where parents cannot be contacted, the following policy applies.

2.2.1 Emergency Type 1

Life threatening: call an ambulance and transfer to RASHID or DUBAI HOSPITAL. Any SLT OR Admin to escort the student.

In case of minor injuries, parents will be notified after appropriate first aid is given.

2.3 In the event of an emergency:

2.3.1 Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.

2.3.2 Send for help to the school office as soon as possible, ensuring that the messenger knows the precise location of the casualty. Where possible, confirmation that the message has been received must be obtained.

2.3.3 Reassure but never treat a casualty unless staff are in possession of a valid Emergency Aid in schools Certificate or know the correct procedures; such staff can obviously start emergency aid until a Firs Aider arrives at the scene or instigate simple airway measures if clearly needed.

3. ROLES/ RESPONSIBILITIES:

3.1 **School Nurse Supervisor/ Paediatric Nurse Manager:**oversees that correct practice and procedures are followed regarding First Aid.

3.2 **School Nurse**: Providing first aid, informing parents, and maintaining he emergency consent and transfer of child. Ensure adequate stock and purchase of First Aid Equipment has taken place.

3.3 **Parents:** Signing the emergency consent and transfer

3.4 **Provision of First Aid Equipment:**

3.4.1 The School Nurse ensures that the supplies for first aid are replenished weekly.

3.4.2 Each teacher in charge of extracurricular activities at school and away sporting events, as well as school trips and tours have the responsibility to take a First Aid Kit assigned to that activity (even where one is provided upon arrival).

3.5 **Locations of First Aid Station**

3.5.1 First aid materials & Medicines are kept in a locked cupboard in school clinic.

3.6 **Staff Training**

3.6.1 The school management funds the In-Service Training in First Aid for Staff.

Standard Operating Procedure:	**Diabetic Care Management & Glucagon Administration**
SOP Number:	**KCH-SCH-SOP-004**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/SCOPE:

1.1 To ensure a safe and supportive environment for a student who has diabetes, making sure health needs are met and managed at school and on school excursions.

1.2 To achieve glycaemic control and thereby lead on a healthy lifestyle.

2. POLICY STATEMENT:

2.1 **Administrative**

2.1.1 Students on high-alert list.

2.1.2 All students should be known to all school staff.

2.1.3 Teaching staff of those with diabetes should be aware of Hypoglycaemia and Hyperglycaemia signs and symptoms.

2.1.4 Individualized health care plan (IHCP) readily available for nursing staff.

2.1.5 Diabetes Medical Management Plan (DMMP) contains all aspects of routine and emergency diabetes care developed by the students' personal diabetes health care team.

2.1.6 Emergency Care Plans based on medical orders in DMMP.

2.1.7 School Canteen to provide healthy choices snacks and limit sugary products.

2.2 **Equipment and Medication**

2.2.1 Students to have snacks readily available in the nurse clinic with their names clearly labelled and dated.

2.2.2 Spare insulin labelled and expiry date valid to be kept in clinic medicine fridge.

2.2.3 Glucagon readily available, stored in clinic medicine fridge for hypoglycaemic episodes of a student unable to swallow, confused or is unconscious.

2.2.4 Blood sugar monitors to be available and in working order and weekly monitor checks maintained.

3. ROLES / RESPONSIBILITIES

3.1 IHCP to be updated at all times.

3.2 Contact details in case of emergency must be updated as and when

3.3 Provide copies of prescription for Insulin and Glucagon for their children at school

3.4 Parents and students to ensure they have enough medication and snacks at school.

3.5 Provide a privacy location for testing and administration

3.6 Diabetic care plan to be included in the health file.

4. ATTACHMENT/ TOOLS:

4.1 Diabetic Care Plan

5. MONITORING BLOOD GLUCOSE AT SCHOOL

It is best for a student with diabetes to obtain a blood glucose level and to respond to the results as quickly and conveniently as possible. This is important to avoid medical problems being worsened by a delay in testing/treatment and to minimize educational problems caused by missing instruction in the classroom. Accordingly, as stated earlier, a student should be permitted to monitor his or her blood

glucose level and take appropriate action to treat hypoglycaemia in the classroom or anywhere the student is in conjunction with a school activity, if preferred by the student and indicated in the student's

Diabetes Health Care Plan. However, some students desire privacy during testing and this preference should also be accommodated.

- Low blood glucose (Hypoglycaemia), <3.9mmol/L or 70 mg/dL, is the most common immediate health problem for students with diabetes. Symptoms of mild to moderate hypoglycaemia include tremors, sweating, light-headedness, irritability, confusion and drowsiness. A student with this degree of hypoglycaemia will need to ingest carbohydrates promptly and may require assistance. Severe hypoglycaemia, which is rare, may lead to unconsciousness and convulsions and can be life-threatening if not treated promptly with glucagon.

  - Treatment for hypoglycaemia:
    1. If conscious and cooperative: get the patient to consume 15-20 g or simple carbohydrates 15g of simple carbohydrates commonly used
       - Glucose tablet
       - Gel tube
       - 2 tablespoons of raisin
       - 4 ounces (1/2 cup) of juice or regular soda (not diet)
       - 1 tablespoon sugar, honey or corn syrup
       - 8 ounces of nonfat or 1% milk
       - Hard candies, jellybeans, or gumdrops
    2. Recheck blood glucose after 15minutes
    3. If hypoglycaemia continues, repeat
    4. Once blood glucose returns to normal, they should eat a small snack containing protein and carbohydrate
    5. If unconscious and glucagon is needed: advise a colleague to call emergency services on 998 for an ambulance immediately. If alone, first administer the Glucagon and then call 998) use a mobile phone.

       Administer the Glucagon immediately:
       - Remove the seal from the vial of Glucagon powder
       - Insert the needle into the rubber stopper on the vial and push the liquid in the syringe into the vial of Glucagon powder.
       - Gently swirl the vial until the liquid is clear. (if it is not clear, do not administer the Glucagon)
       - Draw up the 1ml of Glucagon solution into the syringe. (For a student <20kg, draw up half)
       - Inject the glucagon into the buttock, arm or thigh. It is absorbed more rapidly via the intramuscular route than the subcutaneous route.
       - Place the patient in recovery position as they may vomit after having a Glucagon injection.
       - If the patient does not wake up after 15minutes, give a second dose of Glucagon
       - Once the patient is awake, give them a fast-acting sugar followed by a snack containing protein and carbohydrate.

- High blood glucose (hyperglycaemia), >10mmol/L or 180 mg/dL occurs when the body gets too little insulin, too much food, or too little exercise; it may also be caused by stress or an illness such as a cold. The most common symptoms of hyperglycaemia are thirst, frequent urination, and burry vision. The student should be encouraged to drink water and do exercise immediately. Review their Diabetic Management that day to determine whether an insulin dose was incorrect or missed or check the integrity of the insulin pump.

- If untreated over a period of days, hyperglycaemia of >13.3mmol/L or 240 mg/dL can cause Diabetic Ketoacidosis (DKA), which is characterized by nausea, vomiting, and a high level of ketones in the blood and urine. For students using insulin infusion pumps, lack of insulin supple may lead to DKA more rapidly. DKA can be life-threatening and thus requires immediate medical attention. Do not allow the student to exercise if BM is >13.3mmol/L or 24omg/dL and ketones are detected in the urine. (Exercising when ketones are present may make the blood glucose level go even higher.

Standard Operating Procedure:	**Medication Management**
SOP Number:	**KCH-SCH-SOP-005**
Version Number:	**V3**

Applies To: KCH School Clinic

1. PURPOSE/SCOPE:

1.1 To ensure that all medication I stored safely and administration of all medicines whether Over the counter or Prescriptive are given in a safe and appropriate way.

1.2 To maintain the health and safety of students/staff by correct administration of medicines that may be needed to promote health, prevent disease and to aid the body to overcome an illness.

1.3 To ensure administered medication are documented appropriately.

1.4 To ensure appropriate forms are completed prior to giving a medication to include authorization and parental consent.

1.5 To ensure medication is properly labelled and stored properly in a secure, safe place.

2. POLICY STATEMENT

2.1 Any medication that the student requires during school hours as a part of an acute/chronic illness should be accompanied by **prescription note and parental authorization to administer**.

- 2.1.1 The medicines must be in original container within the complete patient's detail.
- 2.1.2 Over the Counter medication must be brought in with the manufactures original label with the ingredients listed and the child's name affixed to the container or with a prescription from t treating physician
- 2.1.3 Medication will be stored for the period specified in the instructions received. The quantity of medication stored should not exceed a week's supply except in long term cases.
- 2.1.4 Medication must be stored in a lockable cabinet, away from student's reach with.
- 2.1.5 The school nurse administers medication following the seven rights of medication
- 2.1.6 The first dose of any new medication should be taken at home to avoid any allergic reactions
- 2.1.7 Parents to submit updated report and prescription of the student's having daily medication with a signature and stamp from the treating physician

2.2 Each time a medication is administered a record should be kept of who administered it (initials may be used as long as a complete signature that corresponds with the person's initials is noted on the record), to whom it was given, the name of the medication, the time it was given, the dose given, the manner in which it was delivered (e.g., by mouth, in ear)

2.3 Any changes in the type or dosage of the medication or the time it is to be given, should be accompanied by a new medication authorization/parent consent form, and a newly labelled medication container from the pharmacy.

2.4 The school nurse should establish the date when written medication renewals will be required.

2.5 Medications will be stored under lockable cabinet in a clear box with medication details labelled

2.6 All medications will be stored under temperature 24 degrees ad below 60% humidity.

2.7 In the unfavorable event of lack of power supply, the medications will be transferred to fridge until the power supply is back

2.8 All the medication near expiry will be removed before the end of previous month.

2.9 School Nurse to do daily inventory of medicines and document accordingly.

2.10 School nurses will maintain a log of received student's medication from parents

3. ROLES AND RESPONSIBILITIES:

3.1 **Parents/ Guardian.** Prior to administering a medication at school, the parent should:

3.1.1 provide the school with a written authorization from the licensed prescriber that includes the following information; the student's name, name of the medication, dosage, hours to be given, method by which it is to be given, name of the licensed prescriber, date of the prescription, expected duration of administration of the medication, and most importantly, possible toxic effects and side effects. For any changes in medication, the parents must provide a written authorization signed by the licensed prescriber.

3.1.2 Provide the medication in a container labelled as required.Provide a completed parental consent form

3.1.3 Administer the first dose of any new medication, unless the medication is an "in school" medication only.

3.1.4 Transport medication to the school so that the student is not responsible for bringing the medication to school. Unused medication should be picked up by parents within one week of the expiration date. After one week, the medication should be destroyed by the school nurse.

4. ADMINISTRATION:

- THE 10 R's of drug administration will be used at all times when administering medications i.e. Right person, right medication, right time, right route, right dose, right patient education, right documentation, right to refuse, right assessment and right evaluation.
- Medications prescribed or otherwise should be given at home wherever possible; parents are encouraged to set medication times outside of school hours.
- Where home administration is not possible, the school nurse may administer in accordance with the school guidelines.
- The school nurse, or trained staff member designated by the nurse, may administer an EpiPen or Asthma inhaler if necessary, on a school trip if the nurse is present.
- Any injectable medication request from a parent to administer to her child must have a valid consent and prescription.

Standard Operating Procedure:	**Emergency Patient Transfer and Referral**
SOP Number:	**KCH-SCH-SOP-006**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/ SCOPE:

1.1 To sets out the duty of care in case of a medical emergency wherein a student/staff will require hospital care.

1.2 To sets out proper procedure to ensure safe transport of the patient.

1.3 To provide the mechanism for transfer of records in a confidential manner; to ensure safe arrival of the patient in the facility.

2. POLICY STATEMENT:

2.1 If a critical emergency occurs, the School Nurse shall notify the Principal immediately ad ask the school administration or urgently call an ambulance at 998 and to contact the student's parent/guardians.

2.2 If an ambulance is called and a parent/guardian is not available, a school staff member shall accompany the student in the ambulance. The School nurse shall not accompany the student.

2.3 In cases of emergency, the School Nurse is responsible to provide emergency care to students. In such cases, they are not required to obtain parental consent to provide treatment

2.4 If a non-critical emergency occurs, the School Nurse shall notify the Principal and ask school administration to contact the parent/guardians. If the parents/ guardians are not accessible, the school administration shall contact the student's emergency contacts as indicated in their file.

2.5 All necessary information regarding the incident and the student's medical history must be communicated by the School Nurse to the responding emergency/ambulance team.

2.6 Proper and accurate documentation must be done in the **Incident/Accident Form** input from witnesses if available.

2.7 The School Nurse must follow up with the parents/guardian regarding the health condition of the student.

2.8 The School Clinic should be equipped with the appropriate medical equipment, supplies, and pharmacological agents which are required in order to provide cardiopulmonary resuscitation, and other emergency services.

3. ATTACHMENT/FORMS

3.1 Emergency Transfer Agreement between KCH and School

3.2 KCH 626 School Clinic Incident form

Standard Operating Procedure:	**Health Record Management and Retention**
SOP Number:	**KCH-SCH-SOP-007**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/ SCOPE

1.1 To keep significant medical records for each child indicating medical conditions, allergies, immunization records, emergency contacts, etc. it is also to set out a period wherein these documents are to be kept in school ensuring full confidentiality.

1.2 To ensure that individual health records are maintained until the end of schooling and for future references if any.

2. POLICY STATEMENT

2.1 All student's medical records must adhere to the student medical records standards set by Dubai Health Authority.

2.2 All students' medical records shall be kept in a secure place that ensures confidentiality of health information.

2.3 The legal right to access information in the student health record or obtain copies of the record is given to the parent/guardian.

2.4 If a student is being transferred to another school, the School Nurse or the school health shall transfer the student medical record to the new school or give the documents to the parents/guardian.

2.5 Only under the following specific circumstances may certain health information in the student medical records be released by School Nurse or the School administration to school personnel or other parties:

- 2.5.1 To Ambulatory Health Services (AHS) health centres in the case a referral or a temporary transfer for specific treatment or diagnostic procedures or in an emergency situation.
- 2.5.2 To consented school staff involved in the student's individualized Healthcare Plan
- 2.5.3 In situations of threat to public health where a failure to disclose information may expose the student or others to risks of death or serious harm.
- 2.5.4 In case of formal investigations by court order
- 2.5.5 All other situations or requests to release health information from student's medical records must be reviewed and approved on a case-by-case basis by the school health team.

2.6 If a medical file is not given to parents when a student leaves, this booklet must be stored in the medical room for a period of 5years. If a school nurse from another Dubai school requests this book, it must be sealed in an envelope marked confidential and sent to the school via a person sent from the receiving school to collect it, usually he school's driver.

2.7 The school nurse must maintain a record of all medical file that are removed from the clinic, i.e. the person taking the book must sign for it and the date on which it was taken must be shown.

Standard Operating Procedure:	**Infection Prevention and Control Policies and Guidelines**
SOP Number:	**KCH-SCH-SOP-008**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/SCOPE

1.1 To develop a cross-sectional, multidisciplinary initiative for Prevention and Control of Infections associated with healthcare

1.2 Provide support to help prevent spread of infectious disease through evidence-based infection control measures in the school.

1.3 Provide Infection Training to all cleaners, learning assistants, kitchen staffs and others.

2. POLICY STATEMENT

2.1 In order to reduce the spread of illnesses in school, please see attached "Stay Home Policy.

2.2 Proper use of Personal Protective Equipment like use of hand gloves/mask etc. is ensured at the School Clinic to prevent any kind of infection.

2.3 Infection Control Checklist attached and is completed every month and any kind of defects are raised to the Facilities Manager.

2.4 Proper use of Spill Kit is explained.

3. **Attachment/Forms**:

3.1 KCH-SCH-SOP-027 Stay Home Policy

3.2 KCH 635 School Clinic Infection Control Checklist

Standard Operating Procedure:	**Staff Orientation and Training Program**
SOP Number:	**KCH-SCH-SOP-009**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/SCOPE

1.1 To ensure that new staff receives the necessary levels of information and initial training to enable them to perform their duties effectively in an orderly and professional manner

2. POLICY STATEMENT

2.1 Induction session will include briefings in relation to all items listed on the Clinic Orientation Checklist.
These includes:

- 2.1.1 United Arab Cultures
- 2.1.2 Dubai Health Authority (DHA) Rules & Regulations
- 2.1.3 KCH School Clinic Manual
- 2.1.4 Immunization Guideline (DHA)
- 2.1.5 School's Rules and Regulations
- 2.1.6 KCH School Nurse Competency and Drug Calculation Examination

2.2 The Staff should be oriented of the following Policies and Procedures:

- 2.2.1 Medical and Hazardous waste management
- 2.2.2 Health examination and screening policy
- 2.2.3 Policy on minor injuries first aid and emergency
- 2.2.4 Policy on diabetic care management and glucagon administration
- 2.2.5 Medication management
- 2.2.6 Emergency Patient transfer and referral Policy
- 2.2.7 Fire and Safety Plan
- 2.2.8 Health Record Management and Retention Policy
- 2.2.9 Staff Orientation and Training Program
- 2.2.10 Lost and Found Items Policy
- 2.2.11 Immunization policy.
- 2.2.12 Infection Prevention and Control Policies and Guidelines.
- 2.2.13 Notification of parent's policy.
- 2.2.14 Head lice policy.
- 2.2.15 Allergy management policy.

Standard Operating Procedure:	**Lost and Found Items**
SOP Number:	**KCH-SCH-SOP-010**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/SCOPE:

1.1 To provide procedures for handling lost and found articles and to help the school return lost items to students.

1.2 This policy applies to all School staffs and students.

2. POLICY STATEMENT

2.1 We encouraged parents and staffs to write/ print their names on all personal belongings such as clothes, jackets, lunch boxes, water bottles etc.

2.2 All items presumed o be lost or misplaced by students/staffs will be placed in the school Lost and Found cabinet/area.

2.3 Students assisted by the teacher or learning assistant may check he lost and found missing items in the lost and found for missing items

2.4 Parents can also request to check for missing items in the lost and found area with prior appointment.

2.5 The School strongly discourages students bringing any personal valuable to school. The school cannot assume responsibility for loss or damage to personal property brought to school.

2.6 Unclaimed items will be donated on a timetable set by the administration, or to be discarded at the end of every term. Notices will be sent home at least two weeks prior to the donation. Families will be contacted prior to donation for any Clearly labelled item.

2.7 The school assumes no responsibility for lost items.

Standard Operating Procedure:	**Immunization Policy**
SOP Number:	**KCH-SCH-SOP-011**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/SCOPE

1.1 To ensure all students are fully vaccinated as per the National Program Schedule outlined by Dubai Health Authority.

1.2 To provide standards for routine immunization regulation throughout Schools affiliated with KCH.

2. POLICY STATEMENT:

2.1 **Administrative**

2.1.1. Original vaccination records are to be provided upon consenting the school to give jabs to the student.

2.1.2. It is mandatory from DHA for parents to submit an updated Vaccination Record of their child upon admission.

2.1.3. If parents are not willing their child to be vaccinated at school, a copy is needed.

2.1.4. It is up to the school management team is student are not accepted into the school due to lack of vaccines or parents not willing to vaccinate their children.

2.1.5. Vaccine records will be placed in the DHA medical file of the student and wrote in the chart under Immunization Record.

2.1.6. A record of students who are due to receive vaccinations is maintained and updated throughout the school year.

2.1.7. A record of students who have refused vaccination is maintained and updated throughout the school year. Parent who refuse vaccinations are to sign the refusal of vaccination letter ad have it visible on the chart.

2.2 **Vaccine Campaigns**

2.1.8. The school clinic is to offer MMR, Td and OPV vaccine campaigns throughout the school year o students free of charge.

2.1.9. Form 1 to be completed and sent to DHA nurse prior to the start of the school year outlining the estimated amount of vaccines required by the school for the year. Form 2 is to be sent a month before the campaign, including a more specific number of vaccines needed and form 3 is to complete when the consents are returned, and you have the exact amount of vaccines needed.

2.1.10. One nurse will go to the DHA pharmacy to receive the require vaccines the morning of the campaign and return them at the end of the day. Vaccines are to be stored in a cool environment within the school clinic until they can be returned.

2.1.11. Immunization consent forms are to be sent to parents two weeks prior to the campaign date. This form outlines which vaccine the student is to receive. Parents must complete the forms fully and return them to the school prior to the campaign.

2.1.12. Vaccines are only to be given in the following circumstances:

2.1.12.1. Consent form is fully completed, signed by parent and dated

2.1.12.2. Student does not have any allergies or contraindications to the vaccine

2.1.12.3. Student requires a dose of the specified vaccine

2.1.13. Emergency/Anaphylaxis kit should be available during all vaccine campaigns.

2.1.14. Adverse reaction form should be available in the instance of a reaction. Students are to be monitored in the clinic for up to 15minutes after administration of the vaccine to monitor for any adverse reactions. Adverse reactions must be notified to DHA.

2.1.15. Parents are to be provided information in the form of a letter to go home with the student detailing any side effects of the vaccine and outlining which vaccine was administered.

2.1.16. Vaccine administration is to be noted on the DHA blue immunization cards, original records, and on the immunization booster record. These are to be provided to student when they transfer schools or leave Dubai to keep with their records.

2.1.17. The school doctor should be present during vaccine campaign if possible, to help assist the nurses during the campaign.

2.1.18. At the end of the day, any unused vaccine, syringes, needles or supplies are to be returned to the DHA Pharmacy they were picked up from before 2:30pm.

2.3 **Refusal of Immunization**

2.3.1 For parents who wish not to receive vaccines in school, the school nurse is to ensure these children are fully vaccinated. If not, the school nurse is to notify parents when the child is due for a booster.

Standard Operating Procedure:	**Notification of Parent**
SOP Number:	**KCH-SCH-SOP-012**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/SCOPE

1.1 To ensure that a proper channel of communication is followed in case of medical emergencies involving a student.

1.2 This policy applies to all school staff, students and whole school community.

2. POLICY STATEMENT

2.1 Maintain close communication with parents through Emails, School Websites, Communicator, Notice Boards, or class representatives.

2.2 For Minor injuries such as cuts, abrasions, bumps, etc., - a parent note will be sent out to parents indicating the treatment done in the clinic. Teachers will also verbally inform the parent/guardian during pick up time about the nature of the incident.

2.3 The School Nurse will call parents if

2.3.1. the child needs to be sent home due to illness

2.3.2. The child needs oral medication

2.3.3. the child has an injury that is a concern

2.4 If a critical emergency occurs, the School Nurse shall notify the Principal/ Head of Primary/Head of Secondary immediately and ask the school administration to urgently call an ambulance at 998 and to contact the student's parent/guardians

2.5 If a non-critical emergency occurs, the School Nurse shall notify the Principal/Head of Primary/Head of Secondary and ask school administration to contact the parents/guardians. If parents/guardians are not accessible, the school administration shall contact the student's emergency contact as indicated in their file.

2.6 Proper and accurate documentation must be done in the Incident Form with input from witnesses if available

2.7 The School Nurse must follow up with the parent/guardian regarding the health condition of the student.

2.8 For any complaints and appeal procedure on medical issues, consult the School Nurse.

3. ATTACHMENT/FORM

3.1 KCH 626 School Clinic Incident form

Standard Operating Procedure:	**Head Lice Policy**
SOP Number:	**KCH-SCH-SOP-013**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE/SCOPE

1.1 To ensure that communicable diseases are properly contained in case of an outbreak

1.2 To ensure that students at school is mentally and physically healthy and alert in order to accomplish the school duties.

2. POLICY STATEMENT

2.1 KCH School Clinic require that while head lice do not spread disease, they are included on the school exclusion table until further notice from Dubai Health Authority. Any students with head lice should be excluded from school until treated.

2.2 All students suspected of having a head lice infestation must be sent to the clinic to have a head lice check carried out by the School Nurse.

2.3 If the student is found live lice, they are considered to have a head lice infestation.

2.4 The School Nurse will ask parents to sign a permission form (**Head Lice Check Consent Form)** allowing their child to have their head inspected by School Nurse. Only students who have signed consent will be inspected, however all students may be visually checked for the presence of head lice or nits by clinic staff

2.5 Head lice are treated as a CONFIDENTIAL health issue and in a sensitive manner so that children and families are not stigmatized or teased.

2.6 The parents of all students who have head lice infestation must be contacted by phone and advised to treat their child on the same day. Treatment advice should include:

- 2.6.1 the importance of using a safe head lice shampoo from a pharmacy if live lice are seen.
- 2.6.2 The importance of using a head lice comb, and how to use it
- 2.6.3 To check and treat all members of their household and people who are in close and regular contact with their child.
- 2.6.4 To thoroughly wash items that their child wears on their head, their pillowcase and soft toys.
- 2.6.5 To repeat the shampoo treatment in two weeks to remove any newly hatched lice from nits that may have been missed
- 2.6.6 To regularly check for signs of head lice in their child.

2.7 A student with a head lice infestation must be educated about how to prevent it from spreading to other students (e.g. no hugging, no sharing of hats, etc. and to tie back long hair)

2.8 The student must return to the school clinic the day after treating their head lice fr the school nurse to do a repeat check. This must be repeated in two weeks' time to ensure thorough monitoring of the situation.

3. ATTACHMENT/FORM

3.1 KCH 633 Head Lice Check Consent Form

3.2 KCH 634 Action Taken – Head Lice

3.3 KCH PFE 047 Head lice Parent Information Guide

Standard Operating Procedure: **Allergy Management Policy**
SOP Number: **KCH-SCH-SOP-014**
Version Number: **V2**
Applies To: KCH School Clinic

1. PURPOSE/ SCOPE

1.1 To minimise the risk of any child or adult suffering allergy-induced anaphylaxis at school or while attending any school related activity

1.2 To ensure educators, staff, parents/guardians are aware of their obligations and the best practice management of allergy

1.3 To ensure that all necessary information for the effective management of children with allergy enrolled at service managed is collected and recorded so that these children receive appropriate attention when required.

2. POLICY STATEMENT

2.1 **Key Allergy Strategies**

2.1.1 the involvement of parents, staff and the student in establishing individual Health Management Plans

2.1.2 the establishment and maintenance of practices for effectively communicating individual student medical plans to all relevant staff.

2.1.3 the incorporation of allergy management strategies into the risk assessments for all school events, excursions and sporting activities.

2.1.4 Regular staff training in anaphylaxis, including awareness of triggers and first aid procedures to be followed in the event of an emergency.

2.1.5 All parents/guardians/students are requested to eliminate allergenic food stuffs from lunch boxes and celebratory events.

2.1.6 No food and drink sharing strategy in the playground

2.1.7 Age appropriate student education on allergy awareness and self-responsibility.

2.2 **Nut Related Strategies**

2.2.1 The Canteen, parent support groups and outside caterers are made aware of the Allergy Management Policy and requested to eliminate nuts and food items with nuts as ingredients from their operations.

2.2.2 Classroom teachers to promote student handwashing before and after eating

2.2.3 Staff training and education to ensure effective emergency response to any allergic reaction situation.

2.2.4 Age appropriate education of children with severe nut allergies-peanut and tree nut.

2.2.5 All parents are asked to not send foods in school lunches that's contain nuts, peanuts, tree nuts and those that contain "nut traces".

2.2.6 Al staff and volunteers are to refrain from eating any foods that contain nuts, peanuts, tree nuts or those that contain "nut traces" at school.

2.3 **Dairy and Egg Related Strategies**

2.3.1 Students with dairy product or egg allergy are managed by the school in consultation with the parents/guardians on a case by case basis

2.3.2 Age appropriate education of the children with the severe dairy/egg allergy.

2.4 **Insect Related Strategies**

2.4.1 Diligent management of wasp and ant nests on school grounds.Education of staff and students to report significant presence of insects in play areas with a timely response for eradication of known nests.

2.4.2 Age appropriate education of the children with severe insect allergies.

3. PROCEDURES AND RESPONSIBILITIES FOR ALLERGY MANAGEMENT

3.1 Medical Information

3.1.1 Parents of children, employees and volunteers are responsible for providing ongoing accurate and current medical information in writing to the school. The school will seek updated information via medical form at the commencement of each calendar year, to which parents are required to respond. Furthermore, should a child develop a condition during a year, or have a change in condition, the parents must advise the school nurse of the fact with details clarified accordingly in the Individual Health Plan

3.1.2 For students with an allergic condition, the school clinic requires parent/guardian to provide written advice in the form of a signed Health Management Plan from a doctor, which explains the condition, defines the allergy triggers and any requires medication. This must be updated annually for known allergies.

3.1.3 The School Administration Team will ensure there is an effective system for the management of medical information.

3.1.4 The school Nurses team will liaise with parents on an annual basis to ensure that the Health Management Plan (Action Plan) is established and updated for each child with a known allergy

3.1.5 Teachers and teacher aides of those students and key staff are requires reviewing and familiarize themselves with the medical information.

3.1.6 Each class teacher will receive an Ascertain and Medical Alert document in his/her class folder

3.1.7 Action plans with a recent photograph for any students with allergies will be posted in relevant rooms (Staff Room, Canteen and Health room) with parental permission.

3.1.8 Where a student with known allergies are participating in cams and/or excursions, the risk assessment and safety management plan for those camps and/or excursions will include each student's individual Health Management Plan (Action Plan). Teaching staff in control of such camps or excursions must ensure they or another staff member is trained in the use of the EpiPen and is also capable of managing an anaphylaxis reaction.

3.1.9 Relevant sports coaches are provided with medical information and individual Health Management Plan for any student with known allergy prior to undertaking any sporting activity.

3.2 EpiPen Management

When Epipen (Adrenalin) are required in the Health Management Plan:

3.2.1 Parent/guardian are responsible for the provision and timely replacement of the EpiPen's in all sections of the school.

3.2.2 Parents will advise the school when the replacement of medication for student is due.

3.2.3 The EpiPens are located in the school clinics cupboard

3.2.4 Facility approved by the principal.

3.2.5 The school will ensure those teaching staff and school officers working with students with allergies, are trained in the use of EpiPen's and records of such training are maintained.

3.3 KCH School Clinic will promote the following food allergy information to school admin team on an annual basis.

3.3.1 Parents are requested to pack student lunches that contain:

3.3.1.1 no peanuts

3.3.1.2 no nuts of any type

3.3.1.3 no food with peanut or nut derivative or ingredients (e.g. Nutella, Peanut Paste, Nut Bars) No food that contain traces of peanut

3.3.1.4 no food that contain nut traces

3.3.2 Staff Diet

3.3.2.1 All staff and volunteers are to refrain from eating any foods that contain nuts, peanuts, tree nuts or those that contain "nut traces "at school or in the school grounds at any time.

3.3.2.2 Staff will not provide rewards of food/sweets or curriculum materials that contain nut ingredients or nut traces.

3.3.3 Individual Health Plans

3.3.3.1 Parents of children, employees and volunteers with allergies must provide ongoing accurate medical information in writing to the school on an annual basis in the form of a signed Health Form

3.3.3.2 Management Plan from a Medical Practitioner

3.3.3.3 Should a child develop an allergic condition during a year, or have change in condition, the parent must advise the school of the fact with details clarified accordingly in the IHP.

3.3.4 Canteen

3.3.4.1 Management will be consulted and work with school administration team in preparing foods under the following guidelines: no peanuts, no nut of any type, no foods with peanut or nut derivative or ingredient, no foods that contain some traces of peanut.

3.3.5 Camps and Excursions

3.3.5.1 The teacher coordinating the activity shall check with food providers and ensure "safe "food is provided or that an effective control in place to minimise risk of exposure.

3.3.5.2 Where a student is prescribed an EpiPen, all staff present during the activity shall be made aware of the appropriate medical treatment outlined in the IHCP.

3.3.5.3 Student's EpiPen will be taken on all school camps and/or excursions.

3.3.5.4 A spare, current school EpiPen will be taken on all school camps and/or excursions.

3.3.6 School Events

3.3.6.1 Where an event is planned, the coordinating group are responsible to ensure that peanuts, peanut products or peanut oil are not used.

3.3.6.2 No nuts or nut products are to be provided.

3.3.6.3 No foods containing nut traces are to be provided.

Standard Operating Procedure:	**Laundry Services Policy**
SOP Number:	**KCH-SCH-SOP-015**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE

1.1 The purpose of this policy is to set out the procedures which must be taken to minimise the risk of infection by making staff aware of the correct procedures for categorisation, segregation, transportation and handling of linen so that the risk of potential cross-infection is minimised.

2. DEFINITIONS/EXPLANATION OF TERMS USED

The definition of linen for the purposes of this policy includes sheets, pillowcases, towels, duvet covers, blankets, counterpanes and patient clothing.

2.1 **Categories of school clinic linen**

2.1.1 Clean and unused linen: Linen that has not been used since it was last laundered.

2.1.2 Used linen: All used linen not classified as contaminated.

2.1.3 Contaminated linen:

2.1.3.1 Soiled with body fluids including urine / blood / vomit / faeces

2.1.3.2 Known infected linen

This system of categorisation applies when either the items are being laundered at the Trust's Tickhill Road Site laundry or by Laundry Contractors (where applicable).

3. SCOPE

3.1 This policy is applicable to all staff and managers / supervisors of staff who in the course of their work will be involved in the handling, transportation, labelling, washing and processing of linen and, where applicable, patients clothing.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 **School Nurses:** It is the responsibility of Nurses to make their staff aware of this policy in order to promote good practice and therefore reduce the risk of infection from the handling, transporting and laundering of linen.

4.2 **All staff involved in the handling, transportation, labelling, washing and processing of linen.** It is the responsibility of staff involved in the handling, transportation, labelling, washing and processing of linen to:

4.2.1 Follow the procedures set out in this policy.

4.2.2 Be aware of and follow the relevant local procedures for their specific locations/geographical areas of work.

4.2.3 Categorise, segregate and dispose of linen as per this policy.

4.2.4 Be accountable for their own practice and always act to promote and safeguard patients, staff and visitors from the potential risk of cross infection from used linen.

4.2.5 Ensure all patient clothing, hoist slings and slide sheets are clearly labelled before putting into the laundry system.

4.3 **Waterproof pillows, bedsheets and duvets**

4.3.1 Waterproof pillows and duvets must not be sent to the laundry for laundering. All pillows and duvets must be covered by an impervious waterproof cover with welded not stitched

seams. If the pillow or duvet becomes soiled or damaged, it must be discarded and recorded as condemned.

4.3.2 All pillows and duvets must be marked with the ward or area name in permanent marker pen.

4.3.3 All pillows and duvets are to be cleaned by hand at ward level using the appropriate disposable cleaning wipe, in line with manufacturer instructions.

4.4 **Curtains and soft furnishings**

4.4.1 Curtains in clinical areas must be laundered routinely on a six-monthly basis and when incidentally soiled or potentially contaminated through contact with an infectious patient. Any curtains purchased for clinical areas must be machine washable or be of the disposable type. Curtains must be labelled indicating when the next six-monthly routine clean should take place.

4.4.2 Within clinical areas soft furnishings, such as chairs, must be purchased with wipe clean, fluid repellent upholstery, advice should be sought from the Infection Prevention and Control Team. Any chairs that become stained/soiled must be steam cleaned or discarded as soon as possible.

4.5 **Containment of soiled, infected or contaminated laundry items**

4.5.1 The use of red soluble bags to contain soiled, infected and contaminated laundry items is vital to minimise the risk of infection.

4.5.2 If such items are not contained securely on arrival at the Laundry the originating area will be contacted and asked to attend the laundry department to deal with and render safe any items. An incident form will be completed by the Laundry following any such occurrence.

Standard Operating Procedure:	**Incident Reporting**
SOP Number:	**KCH-SCH-SOP-016**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. POLICY STATEMENT

1.1 The school is committed to enforce all health and safety guidelines to avoid such occurrences and expects employees to comply. However, accidents are sometimes inevitable. Our provision in this case is to ensure all accidents are reported timely so they can be investigated properly, and preventive measures can be reviewed and reinforced.

2. ACCIDENT AND INCIDENT PROCEDURES

2.1 **What is the difference between an accident and an incident?**

2.1.1 An **accident** is an unfortunate event or occurrence that happens unexpectedly and unintentionally, typically resulting in an injury, for example tripping over and hurting your knee.

2.1.2 An **incident** is an event or occurrence that is related to another person, typically resulting in an injury, for example being pushed over and hurting your knee.

2.2 **Dealing with Accidents or Incidents to Children**

2.2.1 We keep written records of all accidents, incidents or injuries to a child together with any first aid treatment given. Any event, however minor, is recorded by completion of an Accident/Incident Report" and the procedure is the same for both types of events as follows:

2.2.1.1 An accident/ Incident Report is completed by the member of staff who witnessed the event.

2.2.1.2 The IR/AC includes the child's name, the date of the incident or accident, the initials of the member of staff who completed the report and of countersign practitioner who also carries out the final checks on the report before filing it away.

2.2.2 The following information is recorded on the Accident/Incident Report:

2.2.2.1 Whether it is an accident or incident being reports
2.2.2.2 Full name of child
2.2.2.3 Child's date or birth
2.2.2.4 Date of accident or incident
2.2.2.5 Time of accident or incident
2.2.2.6 Name and signature of person who dealt with the accident or incident
2.2.2.7 Description of accident or incident
2.2.2.8 Description of care given
2.2.2.9 Name of person who gave care (school Nurse or school Doctor)
2.2.2.10 Description of Injury

2.2.3 Position of the injury illustrated on the body map

2.2.3.1 Witness signature (only if witnessed)
2.2.3.2 Counter signature

2.2.4 It is then that member of staff's responsibility to ensure that the parent or carer is informed about the accident or incident.

2.2.5 It is the responsibility of the nurse to check that all Accident/Incident Reports have been accurately completed, signed appropriately o the day and then filed.

2.2.6 Once completed and checked, Accident/Incident Reports are fileD on the child's Medical

Health Record. We regularly review the Accident/Incident File to ensure that any issues are addressed.

2.3 **Dealing with Accidents that are not witnessed**

2.3.1 The above procedure applies but with the following change:

2.3.1.1 If the accident, incident or injury has not been witnessed by a member of staff or other adult, then the member of staff dealing with the accident must gain an account of what happened from the child, and any other. If they are able to verbalise this or communicate in any other way. The member of staff must record the child's account of events on the Accident/Incident Report and clearly state that the accident was not witnessed

2.4 **Dealing with Prior Accidents or Incidents to Children**

2.4.1 A "prior Accident or Incident "is an accident or incident that happened outside the setting that has caused and injury or the seeking of medical advice.

2.4.2 A prior Accident/Incident Report is completed by the parent or carer each time they notify a member of staff about an accident or incident which has not happened in pre-school. The report is signed by the parent or carer and countersigned by a qualified practitioner.

2.4.3 The following information is recorded on the Prior Accident/Incident Report:

2.4.3.1 Whether it is an accident or incident being reported
2.4.3.2 Full name of child
2.4.3.3 Child's date of birth
2.4.3.4 Date of accident or incident
2.4.3.5 Time of accident or incident
2.4.3.6 Description of accident or incident
2.4.3.7 Description of care given
2.4.3.8 Description of injury (if applicable)
2.4.3.9 Position of the injury illustrated on the body map
2.4.3.10 Signature of Nurse
2.4.3.11 Counter signature (witness or MD)

2.4.4 **Incident Book**

We keep an "Incident Book" for recording all of the incidents and dangerous occurrences detailed below, including those that are reportable to the HSE as above The Incident File is not for recording issues of concern involving a child. This is recorded in the child's Personal File (red file).

Standard Operating Procedure:	**Managing HASANA**
SOP Number:	**KCH-SCH-SOP-017**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. POLICY STATEMENT

1.1 **HASANA** is an electronic public health system to monitor and manage infectious disease and epidemics called immunity by linking public and private health care institutions in Dubai and their partners with a unified system for managing vaccines, reporting disease and managing infectious disease outbreaks.

1.2 **Aim:**

1.2.1 The system aims to support professional in preventive health in Dubai, where the system will enable them to monitor:

1.3 **Vaccination management:** management of vaccination schedules and immunization records, planning and tracking of important immunization data, monitoring of post-vaccination side effects and management of national immunization campaigns.

1.4 **Management of communicable diseases and epidemics:** investigation mechanisms, monitoring of health interventions, management of outbreak and outbreak information.

1.5 **Benefits of HASANA Program:**

1.5.1 Improve preventive patient care by providing standardized immunization records in all health care institutions and enabling users to add all data related to vaccinations such as sensitives and chronic diseases.

1.5.2 Support doctors and nurses in schools with the tools to plan vaccination campaigns, reduce the workload of staff, and allow them to direct their efforts to care for the health of students.

2. REFERENCE GUIDELINE

2.1 For Client Upload:
https://www.dha.gov.ae/hasana/Quick%20Reference%20Guides/Client%20Upload-%20QRG%20v1.1.pdf

2.2 For Document Upload
https://www.dha.gov.ae/hasana/Quick%20Reference%20Guides/Document%20Upload-%20QRGs%20v1.1.pdf

2.3 Immunization for School
https://www.dha.gov.ae/hasana/Quick%20Reference%20Guides/Immunization%20for%20Schools-%20QRGs%20v1.1.pdf

Standard Operating Procedure:	**Reprocessing of Reusable Equipment**
SOP Number:	**KCH-SCH-SOP-018**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. POLICY STATEMENT

To determine the level of decontamination required for a particular medical device, it is important to understand the differences between cleaning, disinfection and sterilization.

1.1 **Cleaning:** the physical removal of body materials, dust or foreign material. Cleaning will reduce the number or microorganisms as well as the soils, therefore allowing better contact with the surface being disinfected or sterilized and reducing the risk of soil being fixed to the surface. Removal of soil will reduce also the risk of inactivation of a chemical from an item to the extent necessary for further processing or for intended use.

1.2 **Disinfection:** the destruction or removal of microorganisms at a level that is not harmful to health and safe to handle. This process does not necessarily include the destruction of bacterial spores.

1.3 **Sterilization:** the complete destruction or removal of microorganisms, including bacterial spores.

1.4 **Sterility:** State of being free from viable microorganism

1.5 **Sterilization:** validated process used to render a product free from viable microorganisms.

2. POLICY FOR THE LOCAL DECONTAMINATION OR REUSABLE EQUIPMENT ACCORDING TO THE SPAULDING CLASSIFICATION

Risk Category	Recommended level of decontamination	Examples of medical devices
High (critical) Items that are involved with a break I the skin or mucous membrane or entering a sterile body cavity	Sterilization	Surgical instruments, syringes, needles
Intermediate (semi-critical) Items in contact with mucous membranes or body fluids	Disinfection (high-level)	Bedpans, urine bottles
Low (non-critical) Items in contact with intact skin	Cleaning (visibly clean)	Blood pressure cuffs, stethoscopes

3. ESTABLISHING THE METHOD TO BE USED

Questions to be asked	Assessment to be carried out
1. What is the purpose of the device	Is it an invasive device
2. Manufacturer's reprocessing instructions	In contact with mucous membranes, skin, body fluids or potentially infectious material Table 2 will assist in assessing the level of decontamination required
3. Can the item be reprocessed?	Can it be cleaned properly and does the SD have the available resources for cleaning and sterilizing the item?

4. Are the resources and facilities required for cleaning, disinfection or sterilization available locally?	Look at what is available. If possible, do not compromise on the level of decontamination required due to lack of resources/facilities
5. How soon will the device be needed?	Can the item be sent to a central department for processing, such as an SSD, or does it have to be processed at the point of use? Are there sufficient devices for the number of patients requiring its use?

4. Cleaning (reprocessing) Equipment

Provision must be made for the following equipment in the wash (dirty) room as follows:

4.1 Table or surfaces for registering and sorting the devices;
4.2 Sinks for manual cleaning and disinfection- double sinks with flat surfaces on either side to allow the devices to dry;
4.3 Cold water jet guns
4.4 Medical quality air used in the health care facility
4.5 Sluice as dispenser or organic matter; and
4.6 Shelves (open slatted or wire racks) for storage of chemicals and cleaning items.

Hand hygiene wash basins (at least one) should be located at a visible and convenient place, preferably at the entrance to the wash area, and should be supplied with mixes taps, liquid soaps and paper towels.

Standard Operating Procedure:	**Business Continuity Policy**
SOP Number:	**KCH-SCH-SOP-019**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE:

1.1 To provide a flexible framework to manage the response to any school disruption or emergency, maintain critical activities and recover from the incident quickly and efficiently.

2. PLAN OF ACTIVATION

This plan will be activated to manage the response to any incident causing significant disruption to normal service delivery, particularly the delivery of key/time critical activities. Plan activation triggers may include:

- Loss of key people or skills e.g. above normal levels of absenteeism due to illness/injury or other scenarios such as severe weather, changes in service structures, major transport disruption, emergency response duties, or people leaving the organisation.
- Loss of critical systems e.g. ICT network disruption, telephony outage, power outage, utilities disruption or third-party supplier disruption.
- Denial of access or damage to facilities e.g. loss of a building through fire or flood, an external emergency service cordon would prevent access for a period of time, utilities failure.
- Loss of a key resource such as an external supplier or partner vital to the delivery of a key service or activity.

3. BUSINESS CONTINUITY PHASE

	Requirement	Action	Action Done?	By who?
1.	Take time to understand and evaluate the impact of the incident on business as usual activities by communication with key stakeholders to gather information.	Depending on the incident, you may need additional/specific input in order to drive the recovery of critical activities. This may require the involvement of external partners		
2.	Plan how critical activities will be maintained, utilising pre identified or new business continuity strategies	Consider: • Immediate and ongoing priorities • Communication Strategies • Resource availability • Deployment of resources • Roles and responsibilities • Finance • Monitoring the situation • Reporting • Stakeholder engagement • Any welfare issues • Planning the recovery of non-critical activities		

Standard Operating Procedure:	**Monitoring and maintenance of medical, electrical and mechanical equipment**
SOP Number:	**KCH-SCH-SOP-020**
Version Number:	**V2**

Applies To: KCH School Clinic

1. PURPOSE/SCOPE

1.1 The policy applies to all school staff, clinic staff and outsource agency.

2. ROLES AND RESPONSIBILITIES

2.1 Health & Safety Group

2.1.1 Approval of this policy

2.1.2 Overseeing the activity of the Medical Devices Group and escalating key issues or risks to the Patient Safety and Quality Committee.

2.2 Medical Device Group

2.2.1 Scrutiny and monitoring of all equipment management process including this policy.

2.2.2 Reporting to Health and Safety Officer annually.

2.2.3 Approval of this policy.

2.3 Medical Equipment Maintenance

2.3.1 Scheduled servicing as per contract with Beta surgical and Accuver Company.

2.3.2 Safety check

2.3.3 Recording of necessary data onto the Equipment Management System

2.4 Equipment Failure or Breakdown

2.4.1 Medical equipment maintenance, inspection and repair requirements will be assessed and reviewed in line with the manufacturer's recommendations as well as any legal guidance and best practice recommendation.

Standard Operating Procedure:	**Readiness Plan/ Emergency Response**
SOP Number:	**KCH-SCH-SOP-021**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE

1.1 To assist schools in preparing for and responding to emergencies.

1.2 To support and advocate for the importance of creating a safe school environment for the school management, administrators, teachers and students

1.3 Direct the school management in planning, preparing and training teachers, administrative staff and students to carry out immediate response activities

1.4 Educate students, teachers and parents on possible hazards that the school may face and the emergency preparedness and response activities that can minimize casualties, as well as damage to school property.

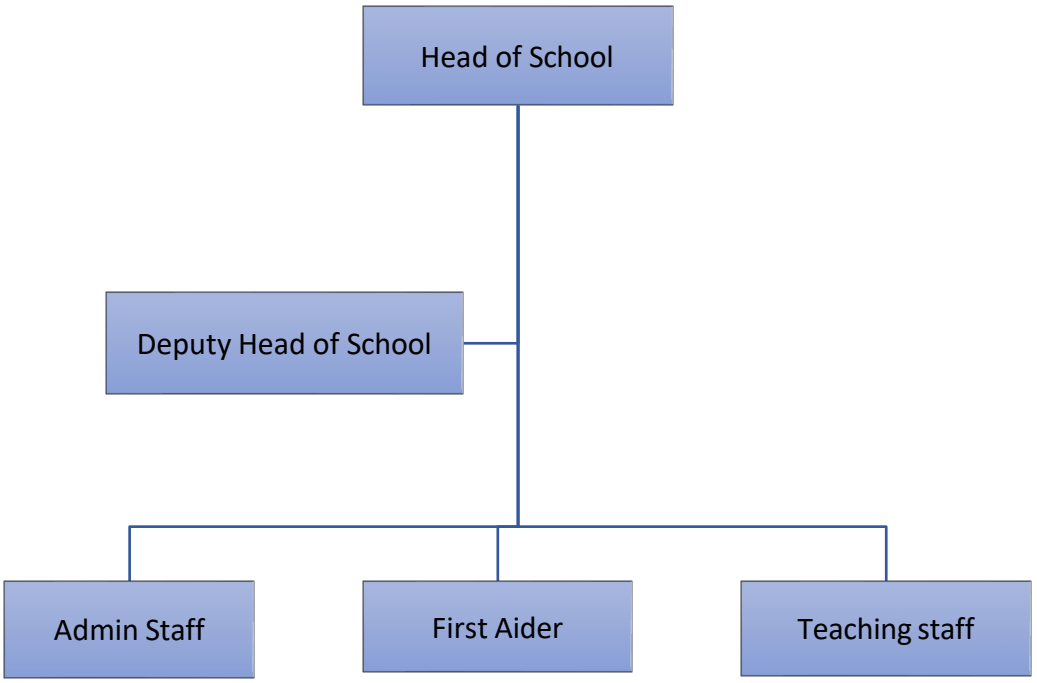
2. ROLES AND RESPONSIBILITIES

2.1 The responsibilities of the Health & Safety Committee include:

2.1.1 Providing policy direction on school preparedness and response activities

2.1.2 Periodically reviewing and updating the School Emergency Operations Plans

2.1.3 Provide guidance and support to schools on issues relating to school emergency preparedness and response activities



Standard Operating Procedure:	**Staffing Plan, Staff Management and Clinical Privileging**
SOP Number:	**KCH-SCH-SOP-022**
Version Number:	**V2**

Applies To: KCH School Clinic

1. PURPOSE

1.1 To ensure all Clinic staff have a acceptable level of knowledge, skills, training and competence consistent with requirements set out by DHA and international best practice to promote safety and high quality of care.

2. SCOPE

2.1 All DHA licensed Healthcare Professionals

3. POLICY STATEMENT

3.1 Ensure all clinic staff undergo clinical privileging within a two (2) year timeframe

3.2 Include the review of clinical competence, malpractice, incident reporting and patient outcomes.

4. RESPONSIBILITIES OF APPLICANTS

4.1 All applicants shall complete and apply form to the HR on the privileges being sought and reasons for review and consideration

4.2 All applicants shall provide evidence of their qualifications including registration and/or equivalent training, experience and current competence for clinical privileges being sought. This includes but is not limited to the following documents:

4.3 Relevant and up to date evidence of Continuing Professional Development (CPD)/ Continuing Medical Education (CME).

4.4 Clinical logbook and approved privileges from the previous health facility.

Standard Operating Procedure:	**Student health education, communication and Informed Consent**
SOP Number:	**KCH-SCH-SOP-023**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE

1.1 To guide all concerned staff about procedures and treatments which require informed consents and to guide the process of obtaining such consents within an ethical framework which ensures adequate information is given to the patient and their families allowing for active participation in the decisions about their care.

1.2 To guide in promoting healthy eating and physical activity in the school setting through changes in environment, behaviour and education.

1.3 To ensure that staff, students, and parents are kept well informed.

2. PROCEDURES

2.1 All communication should be made with the age of student and context in mind, i.e staff may vary the amount and level of language they use (as well as speed, tone and volume in the case of verbal communication). Communication should be concise and focused towards the intended purpose. Staff should encourage two-way communication, welcoming questions from students and should use every opportunity to check understanding; be it a safe instruction or understanding of a concept.

2.2 Obtaining an Informed Consent is mandatory in school clinics – before performing treatments/procedures.

2.3 Informed consent must be given voluntarily and free from coercion

2.4 Provide knowledge and skills, and help to develop attitudes about the relationship between a good diet, physical activity and health

2.5 Involve teachers who have received the best possible training and are equipped with the knowledge and skills necessary to effectively impart health messages to students.

3. RESPONSIBILITIES

Responsible individual/team	Responsibility
Physician	• Ensure each student file have completed and signed Consent form prior to any examinations done in the clinic • Liaise with SN and SLT communications to parents, staff and students • Ensure monthly, termly and annually engaging in health education at school
School Nurses	• To ensure completeness of Medical consent form on each student's medical file • Conduct health education with school doctor liaise with SLT for approval of activities • To ensure communication to parents, staff and parents has prior approval from SLT/Operational Manager

Standard Operating Procedure:	**Safe Use of Chemicals used for Infection Control**
SOP Number:	**KCH-SCH-SOP-024**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE

1.1 To provide minimum standards for disinfection and environmental cleaning in school clinic and other clinic support and medical facilities in Dubai

1.2 To protect staff, students, parents and visitors from spread of infection and ensure safe workplace free of infections.

1.3 To ensure business continuity.

2. GUIDELINES

2.1 All healthcare operators within DHCC are required to have a signed contract with an environmental cleaning company approved by Dubai Municipality for sterilisation and disinfection services.

2.2 Disinfection must be done regularly and on a weekly basis. Service reports shall be kept for inspection purposes

2.3 Healthcare operators shall perform intensive disinfection immediately following any communicable diseases

2.4 Required to have daily general cleaning and maintain a site-specific cleaning schedule which is signed off when the cleaning task has been completed

2.5 All surfaces, that are considered "high touch surfaces" (eg. Telephone, bedside table, over-bed table, chair arms, call bell cords or buttons, door handles, light switches, bedrails, handwashing sink, bathroom sink, toilet and toilet handles, grab bars) shall be cleaned and disinfected at regular intervals (a minimum of three times daily) and when visibly soiled.

2.6 These surfaces shall be cleaned with chemical disinfectants that are EPA-registered quaternary ammonium-based products (regardless of the brand name) and allowed to air dry

2.7 Bleach can be used as a disinfectant for cleaning and disinfection (dilute 1part bleach in 49 parts water, 1,000 ppm or according to manufacturer's instruction). Bleach solutions should be prepared fresh. Leaving the bleach solution for a contact time of at least 10minutes is recommended. Alcohol (e.g. isopropyl 70% or ethyl alcohol 70%) can be used for surfaces, where the use of bleach is not suitable.

2.8 The flow of cleaning should be from areas which are considered relatively clean to dirty. Areas/elements which are low touch or lightly soiled should be cleaned before areas/elements which are considered high touch or heavily soiled.

2.9 All cleaning equipment used in healthcare facilities shall be fit for purpose, cleaned and stored dry between use, well maintained and used appropriately

2.10 Discard cleaning equipment made of cloths and absorbent materials, e.g. mop head.

3. CLEANING AND DISINFECTION STANDARDS

3.1 As germs can survive on surfaces of different materials for at least 2-3 days, surfaces potentially contaminated with microbe should be sanitized

3.2 An appropriate disinfectant with indication of effectiveness against germs, EPA approved, and DM registered can be used.

3.3 Disinfectants should be prepared and applied in accordance with the manufacturer's recommendation and as per MSDA (Material Safety Data Sheet)

3.4 Ensure that appropriate.

Standard Operating Procedure:	**Student Confidentiality & Privacy**
SOP Number:	**KCH-SCH-SOP-025**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE

1.1 The school collects and manages personal information about all of its students and has a range of legislative and ethical responsibilities in regard to maintaining the confidentiality of student's personal information.

1.2 The privacy of this information is critical component of the University's relationship with its students and recognises its responsibility to collect, manage, use, store and disclose personal data in adherence with legislative and other requirements, and in accordance with community expectations of best practice.

1.3 This policy does not extend to material that is by its nature public, such as the fact that an award is conferred.

2. PROCEDURES FOR PROTECTING STUDENT PRIVACY

2.1 The school protects the privacy of all its students through strict adherence to the rules.

2.2 Students may wish to authorize consent to share record information with another individual. Consent only provides authorization to release information, not to take action on a student record. Students may also revoke the release of student record information.

Standard Operating Procedure:	**Sun & Heat Policy**
SOP Number:	**KCH-SCH-SOP-026**
Version Number:	**V1**

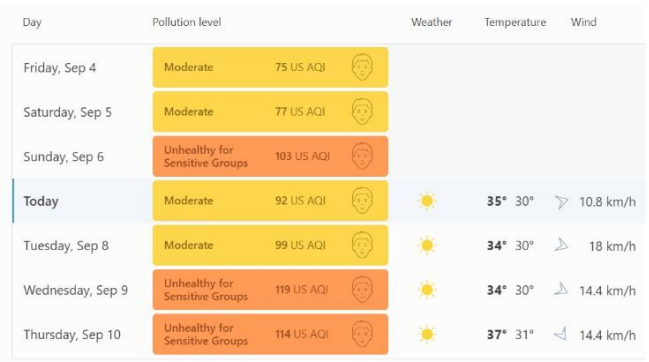
Applies To: KCH School Clinic

1. PURPOSE:

1.1 This policy is to ensure that all students under our care are protected from damage caused by the harmful ultraviolet rays from the sun and over exposed to sun with dehydration. If outdoor will be above 38 degrees centigrade, staff will prompt the students to keep them indoor.

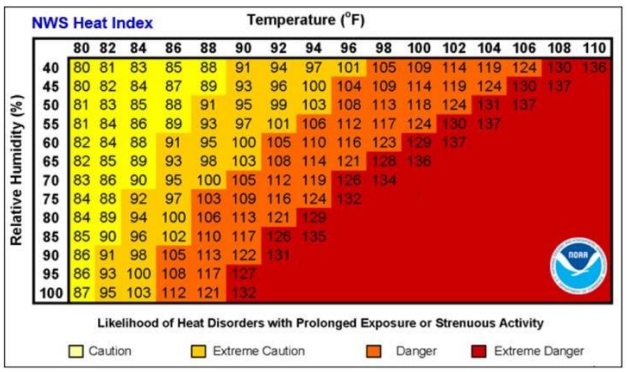
2. PROCEDURE IN MONITORING OUTSIDE TEMPERATURE AND HUMIDITY:

2.1 Our school nurses will take the outside temperature using our hygrometer twice a day from 09:00AM and 11:00AM respectively. This is the measure of the air temperature together with the relative humidity. From this, the Air quality and heat index will be calculated. See below link for your reference. https://www.iqair.com/us/united-arab-emirates/dubai



Day	Pollution level	Weather	Temperature	Wind
Friday, Sep 4	Moderate 75 US AQI			
Saturday, Sep 5	Moderate 77 US AQI			
Sunday, Sep 6	Unhealthy for Sensitive Groups 103 US AQI			
Today	Moderate 92 US AQI		35° 30°	10.8 km/h
Tuesday, Sep 8	Moderate 99 US AQI		34° 30°	18 km/h
Wednesday, Sep 9	Unhealthy for Sensitive Groups 119 US AQI		34° 30°	14.4 km/h
Thursday, Sep 10	Unhealthy for Sensitive Groups 114 US AQI		37° 31°	14.4 km/h

2.2 The heat index is an accurate measure of how it really feels when relative humidity is factored in with the actual air temperature. The heat index is higher when high air temperature occurs with high humidity, and lower when they occur with low humidity. See below link for your reference. https://www.weather.gov/safety/heat-index



RH \ °F	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

2.3 Our school adhere to temperature guidelines (have consulted our school doctor) to follow limit of above 38 degrees centigrade as the cut off for outdoor play and monitors outside temperature regularly to ensure that our students' prolonged exposure to the heat is restricted.

A. HEAT INDEX 29 – 30 DEGREE CENTIGRADE (LOW)

- Outside play is permitted/safe to play outside.
- for breaks and lunchtime: Students are allowed to have their break/lunch outside.

B. HEAT INDEX 32 – 36 DEGREE CENTIGRADE (MODERATE)

- Outside play permitted but vulnerable children should stay in the shade or indoors. PE lessons should be conducted with regular water breaks and intervals.
- for breaks and lunchtime: Students are advised to stay under shade during break and lunchtime.

C. HEAT INDEX 38 – 40 DEGREE CENTIGRADE (HIGH)

- Outside play is not permitted.
- for breaks and lunchtime: Students are advised to stay indoor during break and lunchtime.

Standard Operating Procedure:	**School Stay Home Policy**
SOP Number:	**KCH-SCH-SOP-027**
Version Number:	**V2**
Applies To: KCH School Clinic	

1. PURPOSE

1.1 The purpose of this policy is to reduce the spread of illnesses in school.

1.2 Please adhere to the following guidelines:

1.2.1 Please DO NOT send your child to school if they have the following symptoms:

1.2.1.1 Fever
1.2.1.2 Skin rash
1.2.1.3 Vomiting
1.2.1.4 Diarrhea
1.2.1.5 Heavy nasal discharge
1.2.1.6 Sore throat
1.2.1.7 Persistent cough
1.2.1.8 Red, watery, and painful eyes

1.2.2 Children should not return to school until they are 24 hours symptom free.

1.2.3 Other requests:

1.2.3.1 If your child has an infected sore or wound, it must be covered by a well-sealed dressing or plaster.
1.2.3.2 If your child is assessed by the school nurse and thought to be a possible source of infection to other students and staff, you will be contacted to take them out of school immediately. Your child may need to be seen by a doctor.
1.2.3.3 Please ensure your child's vaccinations-to-date, as advised by the School Nurse, who advises as per the UAE regulations recommended by the Dubai Health Authority.
1.2.3.4 If your child has been diagnosed with a contagious infectious disease i.e. chicken pox (varicella) or German measles (Rubella), please inform the school nurse immediately. A medical report may be required in order for your child to return to school. All schools in Dubai act in accordance with the advice from Dubai Health Authority.
1.2.3.5 Head lice/Pediculosis: It is parental responsibility to inspect your child on a weekly basis with a fine-tooth comb. See our Head Lice Protocol for details on how to inspect and if required treat Head Lice. Please inform the School Nurse if you detect and treat your child for Head Lice.
1.2.3.6 Please reinforce teaching provided at school – good hand hygiene technique, and cover your cough using a tissue or elbow technique. To view these techniques, please refer to our health education posters or speak to the School Nurse.
1.2.3.7 All children are required to use the hand sanitizer prior to using the library books and computers/laptops.
1.2.3.8 Please inform the school if your child has been or is being treated for a medical condition.

Policy:	**Intimate Care Policy**
Version Number:	**V1**
Applies To: KCH School Clinic	

Purpose:

The ICP has been developed to safeguard children and staff. It applies to everyone involved in the intimate care of children.
Staff involved with disabled children needs to be sensitive to their individual needs as they can be especially vulnerable.
Arcadia Preparatory School is committed to ensuring that all staff responsible for the intimate care care of children will undertake their duties in a professional manner at all times. No child/young person should be attended to in a way that causes distress, embarrassment or pain.

Definition:
Intimate care can e defined as any care which involves washing, touching, or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but what some children are unable to do because of their young age, physical difficulties or other special needs.

Statement:
Intimate care will only be carried out by school staff who are suitable experienced and, where appropriate, trained to do so (including Safeguarding, Child Protection and Positive Handling training) and are fully aware of best practice. No volunteers will be present or permitted to carry out intimate care.

Staff will be supported to adapt their practice in relation to the needs of individual children/young people taking into account developmental changes such as puberty e.g. menstruation. Whenever possible, staff are involved in the intimate care of children/young people will not be responsible for the delivery of relationships and sex education to the children in their care as an additional safeguard to both staff and children involved.

Each child's right to privacy will be respected. Careful consideration will be given to each situation to determine how many carers need to be present when the child is being cared for. Where possible one child will be cared for by two adults.

Staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence, for example female staff supporting boys when thre are no appropriate male staff available.

Whenever possible the same student will not be cared by the same adult on a regular basis; there will be named staff members known to the student who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships ar discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different staff.

Parents/staffs will be involved with the child's intimate care arrangements on a regular basis; a clear agreed arrangements will be recorded on the child's medical file.

Each child will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issue or concerns that they may have about the quality of care they receive.

Safeguarding Children

Child Protection and Safeguarding Policy will be accessible to staff and adhered to.

If a member of staff has any concerns about physical or behavioral changes in a child/young person's presentation, e.g. marks, bruises, soreness, or reluctance to go to certain places or with certain people, s/he will immediately pass their concerns to the Designated Person for Child Protection

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the Head Teacher will investigate in line with the school's Safeguarding policy and procedures. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing arrangements will be adapted until any issue is resolved so that the child/young person's needs remain paramount. Further advice, following Interagency Procedures, will be taken from outside agencies as necessary.

If a child makes an allegation against a member of staff, the procedures for Allegations Against Staff, in the Child Protection & Safeguarding Policy, will be followed. All staff are required to read and follow related policies.

- Where it becomes apparent that a child is not toilet rained, the following guidelines can be applied:

Parents of children that appear no to e toilet trained will be invited into eet the child's teacher and a member of Senior Leadership Team

- Nurses will report incidences of a repetitive nature to the teacher/SLT and appropriate actions as agreed with the school and parent/guardian will be taken

Changing Policy:

In the event of an accident, the following will occur:

- Child will be brought to school clinic for changing.
- In the unlikely event the school nurse is not available, responsible adult will bring the child to nurse's room and change them in the presence of another adult.
- If soiling occurs, the child will be changed by either class teacher or Learning Assistant (LA).
- If a second soiling accident occurs on the same day, the child will be changed at school and sent home with parents/caregivers.
- Spare clothes will always be stored at school in the designated area. The parent, if needed should regularly replace these clothes.

Policy:	**Human Biting Policy**
Version Number:	**V1**
Applies To: KCH School Clinic	

Purpose:

We understand that biting among children can occur. Though this is a concern for our staff and parents, we also understand that biting can be frightening for the child who has been bitten. It can also be frightening for the child who bites, because it upsets the other child, and they may be worried about the reaction of adults. Biting can happen for many different reasons and under different circumstances. It is therefore important to carefully consider why a child bites.

Children may bite for the following reasons:

Exploration – young children learn through touch, smell, listening and tasting objects. Some children may therefore bite when they are exploring something new
Sensory needs – some children may be seeking sensory input, or they may be over stimulated, or excited, and they may bite another person
Cause and effect – from around 12 months old, children begin to understand cause and effect. For example, if they drop an object on the floor it will make a loud noise, and if they bite someone, they will get a response. All children are unique and develop at different rates
Attention – children may bite to gain attention. Biting can be a quick way to get attention, even if it is negative
Imitation – children often enjoy imitating their peers, and if they see them bite, they may decide to give it a try
Independence – children can sometimes bite to gain control. For example, if they want a toy, or for someone to move, they might bite to get their desired result
Frustration – children may bite when they are frustrated. For example, if they are unable to express their feelings or thoughts through words, they might bite in response to something that has just happened
Stress – a child may bite when they feel stressed and are unable to express how they feel. This could happen for example, if the child has moved either their house or school recently. Predicting stressful situations and acting to support children accordingly can decrease the incidence of biting

If a child is bitten
If a child bites another child in school, the closest staff member should separate the children, and call upon another member of staff to help if required.

For the child who has bitten

- Staff member to comfort them and ask them what happened.
- Staff member to determine if the bite broke the skin and / or caused bleeding. Most bites do not break the skin.
- Even if the bite has not broken the skin, the area should be washed thoroughly with water and soap.

If necessary, the concerned staff member may seek medical advice by sending the child to the School Clinic. In some cases, to reduce the risk of infection, treatment may be needed for the biter and the recipient, such as

antibiotics, tetanus etc.

- Staff member who dealt with the situation will complete an accident report.
- A senior teacher will be informed.
- Parents of the children involved will be informed.

For the child who has bitten

Staff to check the child has not injured him / herself.

- Staff member will explain age appropriately to the child who has bitten, that biting is unacceptable.
- Staff member will take time to explain to the child how their peer is feeling.
- Staff member will then follow the school's behavior policy and procedures. For example, it may be appropriate to ask the child to apologize or redirect their play or attention. The staff member may also find it appropriate to follow up with the class or address it during circle time.
- Staff member who dealt with the situation will complete an accident report.
- A senior teacher will be informed.
- Parents of the children involved will be informed.

Initial Wound Care

In all cases where a child's bite has broken the skin, the management of the wound should include administering first aid. In this case, the steps below will be followed by the school Nurse:

- Wash and dry hands
- Wear disposable gloves
- Encourage the wound to bleed, unless it is bleeding freely
- Wash the wound thoroughly with soap and warm, running water for 1-2 minutes
- Dry and cover the wound with a dressing
- If the bite is on the hand, elevate the arm
- If the biter has blood in the mouth, they will be asked to swill it out with tap water
- If required, the school Nurse may advice parents to seek further medical advice

If a child continually bites, a meeting will be held with the child's parents and the relevant school staff to discuss strategies and explain how behavior is dealt with at the school.

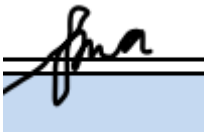
Strategies may include:

- Additional adult support which will be reviewed on a regular basis
- Individual or group work with the child to find strategies to use instead of biting
- Use of visual symbols, feelings chart or emotion symbol

Confidentiality

Staff at RGS are aware that medical information about individual children is private. Parents at the school are aware that there may be circumstances where their child's personal sensitive information will be shared between the school and health care professionals. In each case, the decision upon the extent of any disclosure within the school is careful considered and minimized.

APPROVAL:

	Name	Signature	Date
Prepared By:	Tricel Aspuria, Sister School Nurse		**31st Jan 2025**
Reviewed By:	Hanna Lowthion, Pediatric Nurse Manager		
Approved By:	Shahinal Dean, Deputy Chief Nursing Officer – Women's & Children Services		
	Mervat Salha, Head of Quality Governance		