
Policy: MEDICAL AND HAZARDOUS WASTE MANAGEMENT, STORAGE & DISPOSAL

Effective Date: 10 August 2024

Review Date: 15 August 2026

Relevant External Requirements: DHA

Policy Reviewed By: Dr. Jamila Hammad (School Doctor)

Policy Approved By: Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. Purpose/Scope:

- 1.1 To ensure that all medical waste is removed from the clinic and school premises by Cleaning Staff from school.

2. POLICY STATEMENT:

- 2.1 Daily collection of medical waste from clinic to main waste bin.
- 2.2 To ensure that all sharps are disposed and collected by the collection team
- 2.3 To ensure that staff understands the importance of waste and management in preventing and controlling initial infection and cross-infection.
- 2.4 Monthly collection of medical waste from the main medical waste bin
- 2.5 Waste bin for medical waste shall be provided by 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.

Policy: STUDENT ASSESSMENT CRITERIA AND SCREENING

Effective Date:	10 August 2024
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Policy Reviewed By:	Dr. Jamila Hammad (School Doctor)
Policy Approved By:	Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. PURPOSE/SCOPE:

- 1.1 To ensure all students who will attend The Arcadia Global School undergo a medical examination in the year of admission, FS1, YR 2, YR 5, YR 8 and leaving the school according to DHA requirements.

2. ROLES AND RESPONSIBILITIES:

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

3. ATTACHMENT/FORMS:

- Parent Notification Form
- Admission Form

Policy: MINOR INJURIES, FIRST AID AND EMERGENCY

Effective Date: 10 August 2024

Review Date: 15 August 2026

Relevant External Requirements: DHA

Policy Reviewed By: Dr. Jamila Hammad (School Doctor)

Policy Approved By: Dileep Yadav (Director of Finance and Administration)

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 prioritise 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:

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

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

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.

Emergency Type 1:

Life threatening: call an ambulance and transfer to RASHID or Dubai HOSPITAL. Teacher OR Admin to escort the student.

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

- 2.4 IN the event of an emergency:

- 2.4.1 Never move a casualty until they have been assessed by a qualified First Aider unless the casualty is in immediate danger.
- 2.4.2 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.
- 2.4.3 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 First Aider arrives at the scene or instigate simple airway measures if clearly needed.

2.5 ROLES/ RESPONSIBILITIES

School Nurse Supervisor/ Matron: oversees that correct practice and procedures are followed regarding First Aid

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

Parents: Signing the emergency consent and transfer

Provision of First Aid Equipment:

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

First Aid boxes are in the Clinic, Reception, Swimming pool, Multi-Purpose hall, Laboratory and Food technology area. 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).

Locations of First Aid Station

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

Staff Training

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

2.6 Attachment/Tool:

2.6.1. Emergency Flow Chart

2.6.2 Emergency Flow Chart - Pool

Policy: POLICY ON DIABETIC CARE MANAGEMENT & GLUCAGON ADMINISTRATION**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

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** Individualised health care Plan readily available for nursing staff
- 2.1.5** Diabetes Medical Management Plan 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 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

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 minimise 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 hypoglycemia 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), $<3.9\text{mmol/L}$ 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 tablespoon of raisin
 - 4 ounces ($1/2$ cup) of juice or regular soda (not diet)
 - 1 tablespoon sugar, honey or corn syrup
 - 8 ounces of non-fat or 1% milk
 - Hard candies, jellybeans, or gumdrops
 2. Recheck blood glucose after 15 minutes
 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 $<20\text{kg}$, 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 a recovery position as they may vomit after having a Glucagon injection.

- If the patient does not wake up after 15 minutes, 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), >10 mmol/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 blurry 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 characterised by nausea, vomiting, and a high level of ketones in the blood and urine. For students using insulin infusion pumps, lack of insulin supply 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 240mg/dL and ketones are detected in the urine. (Exercising when ketones are present may make the blood glucose level go even higher.

Policy: MEDICATION MANAGEMENT

Effective Date:	10 August 2024
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Policy Reviewed By:	Dr. Jamila Hammad (School Doctor)
Policy Approved By:	Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. Purpose/Scope:

- 1.1** To ensure that all medications are 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 is 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 the original container within the expiry date.
 - 2.1.2** Over the Counter medication must be brought in with the manufacturer's original label with the ingredients listed and the child's name affixed to the container
 - 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** The school nurse administers medication following the rights of medication
 - 2.1.5** The first dose of any new medication should be taken at home to avoid any allergic reactions
- 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 lock and key in the clinic.
- 2.6** All medications will be stored under temperature 24 degrees ad below 60% humidity.
- 2.7** In the unfavourable 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 the previous month.
- 2.9** School Nurse to do daily inventory of medicines and document accordingly.

3. ROLES AND RESPONSIBILITIES:

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

- 3.1** 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.
- 3.2** Provide the medication in a container labelled as required.
- 3.3** Provide a completed parental consent form
- 3.4** Administer the first dose of any new medication, unless the medication is an "in school" medication only.
- 3.5** 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 5 R's of drug administration will be used at all times when administering medications i.e. Right person, right medication, right time, right route and right dose.
- 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.

Policy: REFERRAL CRITERIA AND PATIENT TRANSFER**Effective Date:** 10 August 2024**Review Date:** 10 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. Purpose/ Scope:

- 1.1 To set out the duty of care in case of a medical emergency wherein a student/staff will require hospital care.
- 1.2 To set out proper procedures 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 and ask the school administration to urgently call an ambulance at 998 and to contact the student's parents/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 Arcadia Global School****3.2 Incident/Accident Form**

Policy: HEALTH RECORD MANAGEMENT AND RETENTION**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. Purpose/ Scope

1.1 To keep significant medical records for each child indicating medical conditions, allergies, immunisation 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 of 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 individualised 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 a 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 5 years. 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 the school's driver.

2.7 The school nurse must maintain a record of all medical files 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.

Policy: INFECTION CONTROL MEASURES AND GUIDELINES**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

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 staff 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 Lit is explained.

3. Attachment/Forms:

- 3.1.** Stay Home Policy
- 3.2** Infection Control Checklist

Policy: STAFF ORIENTATION AND TRAINING PROGRAM**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

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:

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

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

- Medical and Hazardous waste management
- Health examination and screening policy
- Policy on minor injuries first aid and emergency
- Policy on diabetic care management and glucagon administration
- Medication management
- Emergency Patient transfer and referral Policy
- Fire and Safety Plan
- Health Record Management and Retention Policy
- Staff Orientation and Training Program
- Lost and Found Items Policy
- Immunization policy.
- Infection Prevention and Control Policies and Guidelines.
- Notification of parent's policy.
- Head lice policy.
- Allergy management policy.

Policy: LOST AND FOUND ITEMS**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

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 staff and students.

2. POLICY STATEMENT

- 2.1** We encouraged parents and staff to write/ print their names on all personal belongings such as clothes, jackets, lunch boxes, water bottles etc.
- 2.2** All items presumed to be lost or misplaced by students/staff will be placed in the school Lost and Found cabinet/area.
- 2.3** Students assisted by the teacher or learning assistant may check the 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 valuables 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

Policy: VACCINATION**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

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 for their child to be vaccinated at school, a copy is needed.
- 2.1.4. It is up to the school management team if students 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 written 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. Parents who refuse vaccinations are to sign the refusal of vaccination letter and have it visible on the chart.

2.2. Vaccine Campaigns

- 2.2.1. The school clinic is to offer MMR, Td and OPV vaccine campaigns throughout the school year to students free of charge.
- 2.2.2. Form 1 to be completed and sent to DHA nurses 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.
- 2.2.3. One nurse will go to the DHA pharmacy to receive the required 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.
- 2.2.4. 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
- 2.2.5. Vaccines are only to be given in the following circumstances:



- 2.2.5.1. Consent form is fully completed, signed by the parent and dated.
- 2.2.5.2. Student does not have any allergies or contraindications to the vaccine
- 2.2.5.3. Student requires a dose of the specified vaccine
- 2.2.6. Emergency/Anaphylaxis kit should be available during all vaccine campaigns
- 2.2.7. Adverse reaction form should be available in the instance of a reaction. Students are to be monitored in the clinic for up to 15 minutes after administration of the vaccine to monitor for any adverse reactions. Adverse reactions must be notified to DHA.
- 2.2.8. 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 and outlining which vaccine was administered.
- 2.2.9. 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 students when they transfer schools or leave Dubai to keep with their records.
- 2.2.10. The school doctor should be present during the vaccine campaign if possible to help assist the nurses during the campaign.
- 2.2.11. 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

2.2 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

Policy: PARENT NOTIFICATION**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

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** Incident/ Accident Form

Policy: HEAD LICE POLICY**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

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/nits 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 for 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** Head Lice Check Consent Form
- 3.2** Action Taken – Head Lice
- 3.3** Head lice Parent Information Guide

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

**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/carers/guardian: Date.....

Policy: ALLERGY MANAGEMENT**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

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 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.

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.
- 2.4.2 Education of staff and students to report significant presence of insects in play areas with a timely response for eradication of known nests.
- 2.4.3 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 to review 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 camps 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:

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

3.3.2 Staff Diet

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

3.3.3 Individual Health Plans

- 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
- Management Plan from a Medical Practitioner
- 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

- 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

- 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
- 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.
- Student’s EpiPen will be taken on all school camps and/or excursions
- A spare, current school EpiPen will be taken on all school camps and/or excursions

3.3.6 School Events

- Where an event is planned, the coordinating group are responsible to ensure that peanuts, peanut products or peanut oil are not used
- No nuts or nut products are to be provided
- No foods containing nut traces are to be provided

Policy: LAUNDRY SERVICES

Effective Date:	10 August 2024
Review Date:	15 August 2026
Relevant External Requirements:	DHA
Policy Reviewed By:	Dr. Jamila Hammad (School Doctor)
Policy Approved By:	Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

PURPOSE

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.

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.

Categories of school clinic linen

1. Clean and unused linen: Linen that has not been used since it was last laundered.
2. Used linen: All used linen not classified as contaminated.
3. Contaminated linen:
 - a) Soiled with body fluids including urine / blood / vomit / faeces b) 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).

SCOPE

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.

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:

- Follow the procedures set out in this policy.

- Be aware of and follow the relevant local procedures for their specific locations/geographical areas of work.
- Categorise, segregate and dispose of linen as per this policy.
- 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. ☑ Ensure all patient clothing, hoist slings and slide sheets are clearly labelled before putting in to the laundry system.

Waterproof pillows, bedsheets and duvets

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.

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

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

Curtains and soft furnishings

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.

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.

Containment of soiled, infected or contaminated laundry items

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

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.

Policy: INCIDENT REPORTING

Effective Date:	10 August 2024
Review Date:	15 August 2026
Relevant External Requirements:	DHA
Policy Reviewed By:	Dr. Jamila Hammad (School Doctor)
Policy Approved By:	Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

Policy Statement

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.

ACCIDENT AND INCIDENT PROCEDURES

What is the difference between an accident and an incident?

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.

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.

1.) Dealing with Accidents or Incidents to Children

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:

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

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

- Whether it is an accident or incident being reports
- Full name of child
- Child's date or birth
- Date of accident or incident
- Time of accident or incident
- Name and signature of person who dealt with the accident or incident
- Description of accident or incident
- Description of care given
- Name of person who gave care (school Nurse or school Doctor)
- Description of Injury
- Position of the injury illustrated on the body map

- Witness signature (only if witnessed)
- Counter signature

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

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.

Once completed and checked, Accident/Incident Reports are files on the child's Medical Health Record.

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

2.) Dealing with Accidents that are not Witnessed

The above procedure applies but with the following change:

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

3.) Dealing with Prior Accidents or Incidents to Children

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.

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.

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

- Whether it is an accident or incident being reported
- Full name of child
- Child's date of birth
- Date of accident or incident
- Time of accident or incident
- Description of accident or incident
- Description of care given
- Description of injury (if applicable)
- Position of the injury illustrated on the body map
- Signature of Nurse
- Counter signature (witness or MD)

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).

Policy: MANAGING HASANA SYSTEM**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

Policy Statement:

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.

Aim:

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

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

Benefits of HASANA Program:

- 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.
- 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.

Reference Guideline:

1.) For Client Upload:

<https://www.dha.gov.ae/hasana/Quick%20Reference%20Guides/Client%20Upload-%20QRGs%20v1.1.pdf>

2.) For Document Upload

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

3.) Immunization for School

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

Policy: REPROCESSING OF REUSABLE EQUIPMENT

Effective Date: 10 August 2024
Review Date: 15 August 2026
Relevant External Requirements: DHA
Policy Reviewed By: Dr. Jamila Hammad (School Doctor)
Policy Approved By: Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

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

Cleaning: the physical removal of body materials, dust or foreign material. Cleaning will reduce the number of 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.

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.

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

Sterility: State of being free from viable microorganism

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

POLICY FOR THE LOCA 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 in 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

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?

Cleaning (reprocessing) Equipment

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

- Table or surfaces for registering and sorting the devices;
- Sinks for manual cleaning and disinfection- double sinks with flat surfaces on either side to allow the devices to dry;
- Cold water jet guns
- Medical quality air used in the health care facility
- Sluice as dispenser or organic matter; and
- 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.

Policy: BUSINESS CONTINUITY POLICY

Effective Date:	10 August 2024
Review Date:	15 August 2026
Relevant External Requirements:	DHA
Policy Reviewed By:	Dr. Jamila Hammad (School Doctor)
Policy Approved By:	Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. Purpose:

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 communicating 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		
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Policy: MONITORING AND MAINTENANCE OF MEDICAL, ELECTRICAL & MECHANICAL EQUIPMENT**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. Purpose/Scope

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

2. Roles and Responsibilities**2.1 Health & Safety Group**

- Approval of this policy
- 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

- Scrutiny and monitoring of all equipment management process including this policy
- Reporting to Health and Safety Officer annually
- Approval of this policy

3. Medical Equipment Maintenance

- Scheduled servicing as per contract with Beta surgical and Accuver Company.
- Safety check
- Recording of necessary data onto the Equipment Management System

4. Equipment Failure or Breakdown

- 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.

Policy: READINESS PLAN/EMERGENCY RESPONSE**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

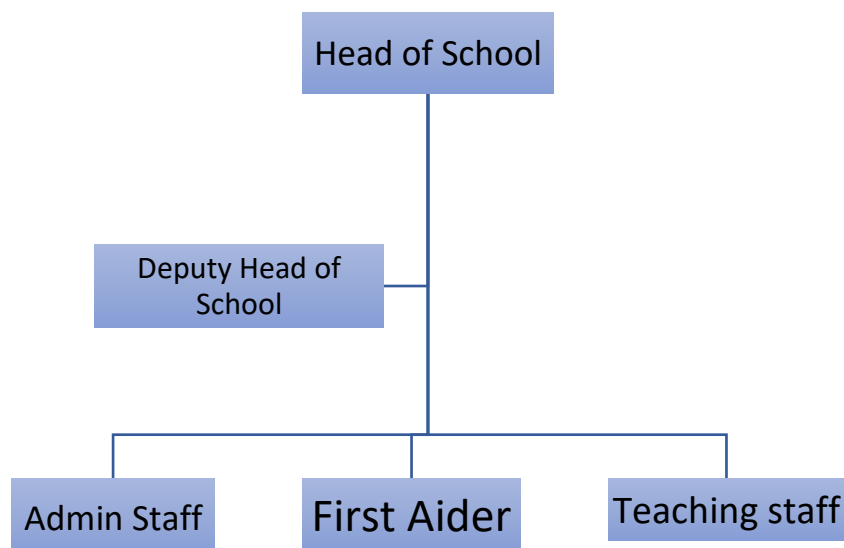
1.Purpose

- To assist schools in preparing for and responding to emergencies.
- To support and advocate for the importance of creating a safe school environment for the school management, administrators, teachers and students
- Direct the school management in planning, preparing and training teachers, administrative staff and students to carry out immediate response activities
- 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:

- Providing policy direction on school preparedness and response activities
- Periodically reviewing and updating the School Emergency Operations Plans
- Provide guidance and support to schools on issues relating to school emergency preparedness and response activities



Policy: SERVICE DESCRIPTION AND SCOPE OF SERVICES

Effective Date:	10 August 2024
Review Date:	15 August 2026
Relevant External Requirements:	DHA
Policy Reviewed By:	Dr. Jamila Hammad (School Doctor)
Policy Approved By:	Dileep Yadav (Director of Finance and Administration)
Applies To: KCH School Clinic	

SERVICE PHILOSOPHY:

The Kings College Hospital (KCH) school clinics have the opportunity and responsibility to influence the health and wellbeing of school children and their families. KCH school clinics aim to be an integral part of the school system. Health Services are designed to maximize a student's health potential and provide a spectrum of health services for the children and their families, both within the school and the wider community.

PATIENT POPULATION:

Students aged 3-18 years attending Arcadia Global School and adults in the event of a medical emergency or accident.

SCOPE OF SERVICE AND COMPLEXITY OF CARE:

Day	Time	hours
Sunday	Closed	Closed
Monday	7:00am -4:00 pm	9
Tuesday	7:00am -4:00 pm	9
Wednesday	7:00am -4:00 pm	9
Thursday	7:00am -4:00 pm	9
Friday	7:00am -1:00 pm	6
Saturday	Closed	Closed



Specialty	Complexity
School Doctor	Medical examinations, Health screening including hearing and vision, Urgent /non-urgent medical referrals, Vaccinations, Assessment and review of student's existing medical conditions, Meet with student and parents to discuss their medical concerns and create individual student health plans, Initiate and implement first aid and emergency procedures for staff and students as needed, Participate in Kid's Club activities focusing on infection control , nutrition , wellbeing and exercise throughout the year.
School Nurses	Provide evidence based nursing care, Manage regulatory inspections and circulate any relevant DHA safety alerts ,Submit reports, follow protocols and other instructions provided by DHA ,Initiate and implement first aid and emergency procedures for staff and students as needed, Establish and update health and immunisation records ,Plan and provide vaccinations, Assess , plan, evaluate and document care given to students, , Implement and record hearing and vision screening programmes , Notify parents when further medical evaluation is needed , Manage student referrals ,Administer and record daily medications and nursing care procedures prescribed by the student's physician , Prepare and maintain student health records and prepare required reports , Follow procedures for reporting suspected cases of child abuse and neglect, Plan and implement Kid's Club health activities and education according to the needs of the students and their families ,Build relationships with parent groups and the local community, Monitor consumable consumption and replenish as required. Provide nursing cover as per KCH Scope of Service and Medical Malpractice Insurance, during school holidays ,up to the standard working hours for activities based at Arcadia School.

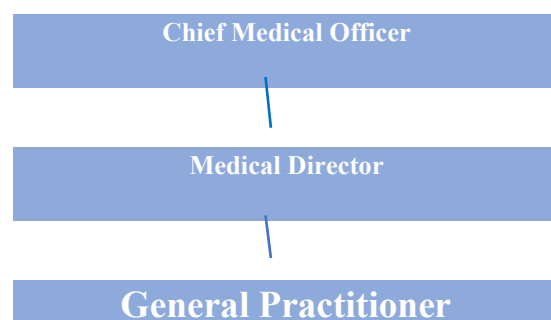
Sister	Supervision and governance of nursing activities, Manage regulatory inspections, Infection control surveillance, Create and monitor clinic KPIs and audits, Attend Operations and Health and Safety meetings /activities, Meet with the School Management as required to discuss clinic activities and any incidents, Create and manage the Clinic Risk Register, Be assessable to parents and teachers, Arrange temporary nurse cover in the event of absence. Monitor and report on patient and client experience in the Clinic. Manage procurement pathway ensuring monthly financial reports and approvals are submitted.
Nurse Manager	Provides support to Sister and is available to attend meetings or events as required. Reports governance activities to KCH London.

All students or staff who present outside the scope of service at Arcadia Global School will be transferred to a suitable healthcare facility as per policy.

QUALIFICATIONS OF STAFF:

Physicians:

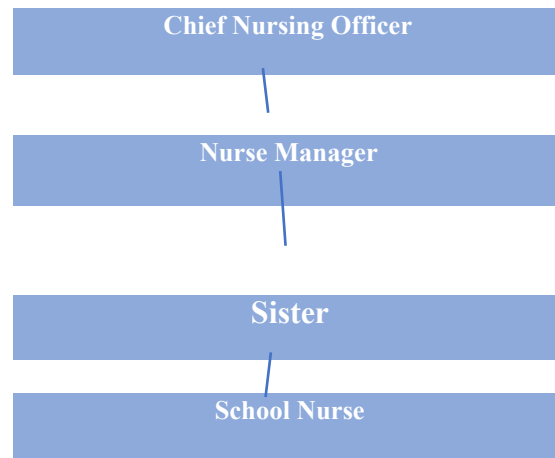
Per DHA PQR and Licensure Regulations as well as the KCH Credentialing and Privileging Policy. Specialized skills and knowledge as per each service specialty/ sub-specialty/department/division's Clinical Practice Guidelines (CPG's).



Nurses:

Per DHA PQR and Licensure Regulations.

All licensed nurses shall follow training and competency assessment, as per the Training and Clinical Competency Matrix.



STANDARDS OF PRACTICE:

Practice is evidenced and guided by international standards:

1. *The Royal Marsden Manual Online*
2. *NICE Guidelines*
3. *DHA School Clinic Regulation 2014*

GOVERNANCE:

Governance of School Nursing Services will be in line with the organisational Governance Framework which will include Quality management, Patient and Family Satisfaction, Regulatory Compliance, Regulatory Reporting, Staff Competence, Risk Management and the implementation of an Annual Audit Program.

Governance data will be collected and shared monthly or as required with the Chief Nursing Officer and KCH London.

Action plans will be created, implemented and monitored for any areas reported as underperforming.

Policy: STAFFING PLAN, STAFF MANAGEMENT & CLINICAL PRIVILEGING

Effective Date:	10 August 2024
Review Date:	15 August 2026
Relevant External Requirements:	DHA
Policy Reviewed By:	Dr. Jamila Hammad (School Doctor)
Policy Approved By:	Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. Purpose

- To ensure all Clinic staff have an 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:

- All DHA licensed Healthcare Professionals

3. Policy Statement:

- Ensure all clinic staff undergo clinical privileging within a two (2) year timeframe
- Include the review of clinical competence, malpractice, incident reporting and patient outcomes.

4. Responsibilities of Applicants

- All applicants shall complete and apply form to the HR on the privileges being sought and reasons for review and consideration
- 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:
- Relevant and up to date evidence of Continuing Professional Development (CPD)/ Continuing Medical Education (CME).
- Clinical logbook and approved privileges from the previous health facility.

Policy: STUDENT HEALTH EDUCATION, COMMUNICATION & INFORMED CONSENT

Effective Date:	10 August 2024
Review Date:	15 August 2026
Relevant External Requirements:	DHA
Policy Reviewed By:	Dr. Jamila Hammad (School Doctor)
Policy Approved By:	Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1.Purpose

- 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.
- To guide in promoting healthy eating and physical activity in the school setting through changes in environment, behaviour and education.
- To ensure that staff, students, and parents are kept well informed

2.Procedures

- 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.
- Obtaining an Informed Consent is mandatory in school clinics – before performing treatments/procedures.
- Informed consent must be given voluntarily and free from coercion
- Provide knowledge and skills, and help to develop attitudes about the relationship between a good diet, physical activity and health
- 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

Policy: STAY AT HOME IF UNWELL

Effective Date:	15 August 2024
Review Date:	10 August 2026
Relevant External Requirements:	DHA
Policy Reviewed By:	Dr. Jamila Hammad (School Doctor)
Policy Approved By:	Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

The purpose of this policy is to reduce the spread of illness in school. Please adhere to the following guidelines.

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

FEVER	SKIN RASH	VOMITING	DIARRHEA
HEAVY NASAL DISCHARGE	SORE THROAT	PERSISTENT COUGH	RED, WATERY & PAINFUL EYES

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

For security reasons, the KHDA require the school to know your child is safe at home, therefore, all absences must be accounted for on a daily basis. Please send an email to the school at or telephone the school before 9:00AM for EVERY DAY your child is absent. If you have not emailed, please send a letter on return to school stating the reason for absence.

Other requests:

1. If your child has an infected sore or wound, it must be covered by a well-sealed dressing or plaster
2. If your child is assessed by the school nurse and thought to a possible source of infection to other students and staff, you will be contacted to take them out of school immediately. Your child needs to be seen by a doctor.
3. Please ensure your child's vaccination is up to date, as advised by the School Nurse, who advises as per UAE regulations recommend by Dubai Health Authority.
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.
5. Head lice/Pediculosis. It is parental responsibility to inspect your child on a weekly basis with a fine-tooth comb.
6. Please reinforce teaching provided at school – good hygiene technique, and cover your cough using a tissue or elbow technique.
7. Please inform the school if your child has been or is being treated for medical condition.
8. **If a child is absent for two consecutive days, a medical note is required for authorized absence.** If not provided, the absence will be recorded as 'unauthorized'. This is a DHA requirement.

Policy: SAFE USE OF CHEMICALS USED FOR INFECTION CONTROL**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. Purpose

- To provide minimum standards for disinfection and environmental cleaning in school clinic and other clinic support and medical facilities in Dubai.
- To protect staff, students, parents and visitors from spread of infection and ensure a safe workplace free of infections.
- To ensure business continuity.

2. Guidelines

- 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.
- Disinfection must be done regularly and on a weekly basis. Service reports shall be kept for inspection purposes.
- Health care operators shall perform intensive disinfection immediately following any communicable diseases.
- Required to have daily general cleaning and maintaining a site-specific cleaning schedule which is signed off when the cleaning task has been completed.
- 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, bed rails, handwashing sink, bathroom sink, toilet and toilet handles, grab bars) shall be cleaned and disinfect at regular intervals (a minimum of three times daily) and when visibly soiled.
- The 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.
- Bleach can be used as a disinfectant for cleaning and disinfection (dilute 1 part 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 10 minutes is recommended, Alcohol (e.g. isopropyl 70% or ethyl alcohol 70%) can be used for surfaces, where the use of bleach is not suitable.
- 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.
- All cleaning equipment used in healthcare facilities shall be fit for purpose, cleaned and stored dry between use, well maintained and used appropriately.

Policy: STUDENT CONFIDENTIALITY AND PRIVACY**Effective Date:** 10 August 2024**Review Date:** 15 August 2026**Relevant External Requirements:** DHA**Policy Reviewed By:** Dr. Jamila Hammad (School Doctor)**Policy Approved By:** Dileep Yadav (Director of Finance and Administration)

Applies To: KCH School Clinic

1. Purpose

- 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.
- The privacy of this information is a 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.
- 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

- The school protects the privacy of all its students through strict adherence to the rules.
- Students may wish to authorise 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.

Healthy Eating Policy

Rationale

Our school is a healthy school. It is important that we consider all elements of our work to ensure that we promote health awareness in all members of the school community. We can provide a valuable role model to pupils and their families with regard to food and healthy eating patterns. In our school, we actively support healthy eating and drinking throughout the school day.

A healthy diet is one of the best ways of maintaining young people's health, both now and in the future. Recent research has shown that diets of some young people are not meeting recommendations for optimum growth and development.

Immediate benefits from healthy eating include:

- Preventing dental decay, obesity, anemia and vitamin deficiencies
- Improving concentration and behavior
- Raising achievement

Longer term health benefits include:

- Prevention of coronary heart disease
- Reduced risk of some cancers
- Prevention of osteoporosis (brittle bones)

Aims

- To promote lifelong learning about food, nutrition and eating
- To develop knowledge and understanding of a balanced diet
- To encourage children to enjoy food and make informed choices to enable them to keep healthy
- To understand that good, nutritious food is essential to their ability to learn as well as to their long-term health
- To promote a positive outlook on healthy lifestyles and an awareness of the consequences of healthy and unhealthy choices
- To encourage a healthy lifestyle through the association of healthy food with exercise

School Responsibilities

- To teach accurate factual information about food and nutrition through topics, as part of the curriculum, particularly in science, social studies and D&T
- Our school catering company will continuously provide healthy eating menus and food choices
- To promote the importance of healthy, balanced packed lunches
- To promote the need for a healthy snack at morning break
- To promote the importance of drinking water and to allow children access to water bottles in the classrooms
- Any specific medical/cultural requirements concerning food and nutrition will be respected and treated individually

Partnership with parents:

The partnership of home and school is critical in shaping how children and young people behave, particularly where health is concerned. Each must reinforce the other. Parents will be regularly reminded of our packed-lunch and snack policies.

Mid-Morning Snack:

- Should ideally be fresh fruit, dried fruit or a nut-free cereal bar
- Vegetable sticks with dips such as guacamole, hummus, salsa or cheese. Cheese (matchbox size portion as a max is recommended)
- Small crackers
- Drinks should ideally be water, milk or sugar-free fruit drinks
- Yogurt, milk not flavored
- Any fruits

Recommended not to provide

Processed foods, sugar, biscuits, cakes, chocolate, sweets, marshmallows, crisps, mini cheddars.

Packed Lunch Guidelines For parents

- Our school aims to support parents in making healthy choices when preparing packed lunches
- Crisps, chocolate bars, sweets and fizzy drinks are not permitted
- We are happy to share advice with parents should they wish to seek it
- Lunches should have protein, carbohydrate and fats to keep the child full and healthy
- A child's stomach is roughly the size of their fist they can be stretched at a young age by overfeeding. Portions should reflect this.
- The sharing of food among the children is not permitted
- Nuts of any kind not allowed in school

School Meals

- Our school works with The school catering company to ensure that healthy choices are available
- Fruit and vegetables are included as part of the meal and salad is available for the children to select; where possible, meals have reduced fat, salt and sugar content
- Vegetarian and medical needs will be met in appropriate ways
- The monthly menu can be found on our school website and on the bulletin board in the canteen

Food Hygiene:

- Children are reminded to wash their hands after going to the toilet and before and after eating or preparing food
- Hand sanitizer is available in the dining hall and all classrooms
- Water bottles and lunch boxes should be taken home every day to be washed

Guidelines for Teachers

Reluctant Eaters:

- If a child is unwilling to eat their food and it isn't possible to persuade them, the class teacher will be informed and send a message on Seesaw to inform parents
 - *Forgotten/Damaged:*
- If prior to lunch by a suitable margin, ask reception to phone home and arrange for a parent to bring lunch into school.
- If only realized at lunchtime, provide the child with a school meal charged to the school's account.

Special Occasions and Rewards:

When parents wish to bring in treats for the children of their class they are requested to speak to the class teacher who can provide a list of suggestions of appropriate non-sugar treats prior to the celebration.

Food suggestions include:

- A healthy fruit platter which can be purchased at most large supermarkets.
- Non-refined sugar homemade treats (list of ingredients to be shared with the class teacher prior to the celebration).

Non Food suggestions include and are not restricted to:

- Stickers, small toys, bubbles, small teddies, coloring pencils, pencils and jewelry.

Due to the fact that there are pupils with nut allergies, nuts are strictly forbidden . It can result in a fatal anaphylactic reaction. In addition Pork items in any form are not to be sent into school.