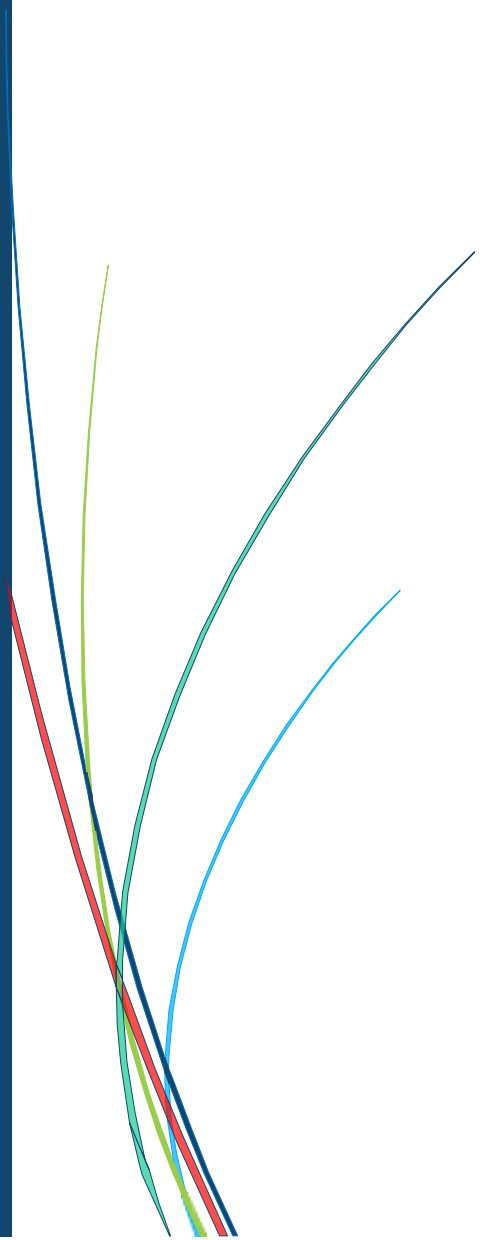
مدرسة ديوفال
DEWVALE SCHOOL
AL QUOZ

CLINIC POLICY



CLINIC POLICY

Policy Name	**Medical Policy**	**Policy No.**	**DWS_PLC_019**
Effective Date	**April 2025**	**Date of Last Review**	**25th March 2025**
Date of Next Review	**March 2026**	**Person in-charge**	**Dr.Aafrin**

INTRODUCTION

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.

PURPOSE

The aim of this policy is to provide a framework using the four key elements.

- Safeguarding the health and welfare of children
- Health promotion and facilitating early intervention
- Providing pastoral care by being a confidant and family support
- Providing an overarching role as "health adviser" to school staff, parents and pupils.

APPLICABLE TO

All School staffs, School clinic staff, School Administration and Faculty Staff.

DEFINITIONS

P.E. - Physical Education
CPO- Child Protection Officer

STUDENT HEALTH EXAINATION AND SCREENING POLICY

- In accordance with the guidelines of Dubai School Health Authority, the school is required to perform Medical Examinations to the following

1) All new students
2) Grade 1
3) Grade 4
4) Grade 7
5) Grade 10
6) KG 1

- Annual Growth Screening and BMI are required to be taken annually to all the students and report to DHA.
- The clinic notifies the parents prior to the medical examination
- Parents who prefer to have the examination with their family doctor are requested to provide a medical examination report which will be attached to the student's medical file
- The welfare and safety of the children are the utmost priority and they are supervised by the school nurses and doctor at all times during examination.
- Parents are informed to any abnormalities seen during examination and early referral is made accordingly, they will receive a "Parent Notification/Referral Form" from the clinic.

ACCIDENT PREVENTION AND SAFETY POLICY

- The School will provide as far as is practical, a safe and healthy environment

All reasonable steps will be taken to ensure that,

- ✓ The premises are kept safe and clean to prevent risk to all users.
- ✓ The equipment is safe and manufacturers' instructions for use are followed.
- ✓ Staffs are aware of health and safety requirements
- ✓ All accidents and injuries are recorded in by the School nurse
- ✓ Incident reports are to be completed for incidents and accidents

- Safety Checklist

a) Inspect the grounds for safety hazards:

Hazards that may lead to slipping falling, electrical shock, burns, poisoning or trauma should be eliminated Checks should 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:

- 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.

Inspect the following areas to ensure routine cleaning has occurred

- ✓ Classroom are kept tidy and clean
- ✓ Toys and in class props are kept clean
- ✓ Common areas are clean and tidy

A report is compiled and sent to the respective Head Teachers

FIRST AID AND MEDICAL IMMERGENCIES POLICY

First Aid

- Minor injuries are treated in the clinic with appropriate first aid
- First aid cases will notify to parent through an out pass form and telephone
- Correct documentation of incident and treatment administered are completed

First Aid records maintained

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

The important details to be recorded are:

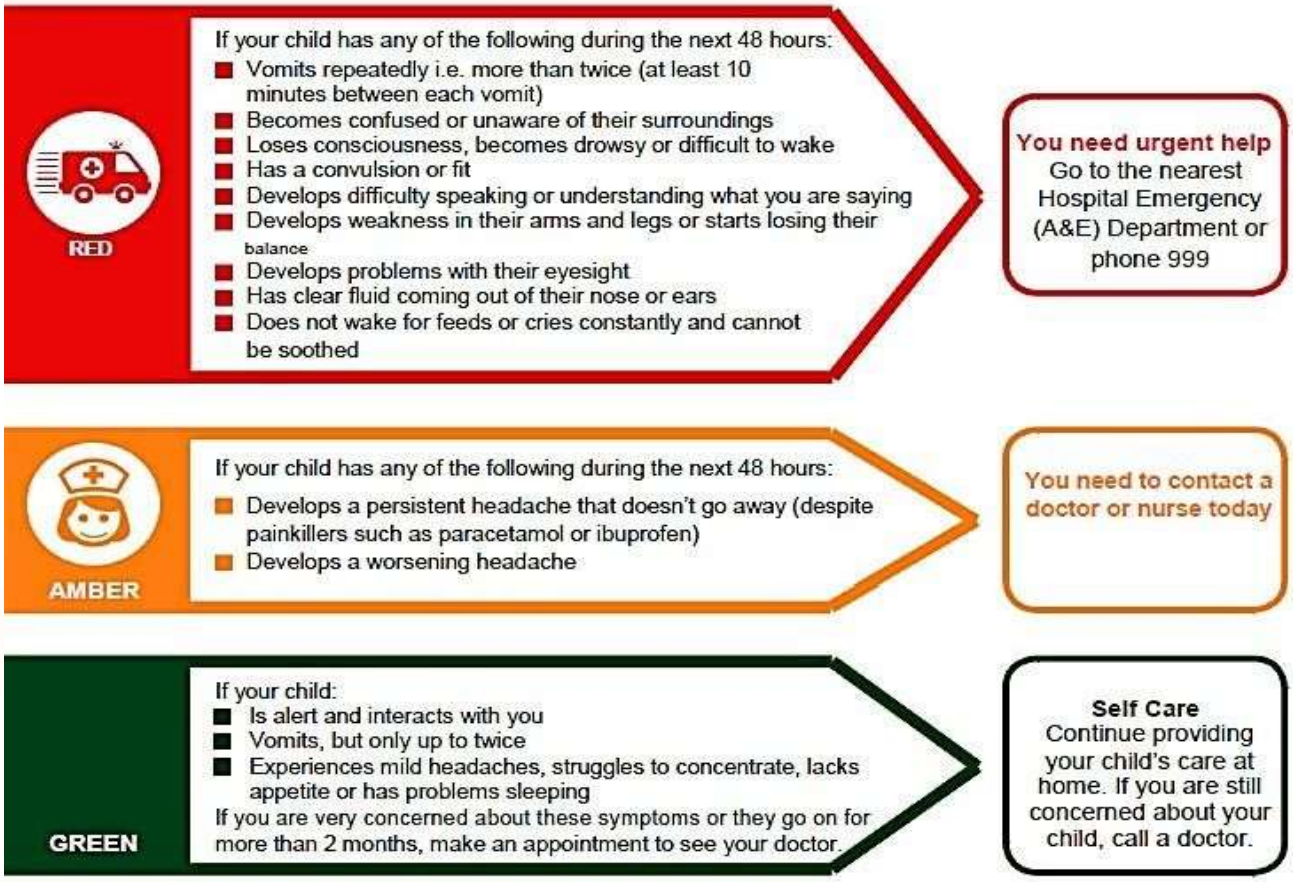
a. The name of the student.
b. Their class.
c. The date, time.
d. The circumstances of the incident
e. A description of any injury sustained.
f. Any treatment administered

- The School Nurse will regularly check the first aid kits and clinic infection control checklist in the clinic.
- **Head Injury** - If a child sustained 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.

HEAD INJURY ADVICE SHEET

Advice for parents and carers of children

How is your child?



How can I look after my child?

- Ensure that they have plenty of rest initially. A gradual return to normal activities/school is always recommended.
- Increase activities only as symptoms improve and at a manageable pace.
- It is best to avoid computer games, sporting activity and excessive exercise until all symptoms have improved.

Concussion following a head injury

- Symptoms of concussion include mild headache, feeling sick (without vomiting), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping – these can last for a few days, weeks or even months. Some symptoms resolve quickly whilst others may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been "knocked out"
- 9 out of 10 children with concussion recover fully, but some can experience long term effects, especially if they return to sporting activities too quickly. It is really important that your child has a gradual return to normal activities and that they are assessed by a doctor before beginning activities that may result in them having another head injury
- If you are very concerned about these symptoms or they last longer than 2 months, you should seek medical advice from your doctor.

Advise about going back to nursery/school

- Don't allow your child to return to school until you feel that they completely recovered.
- Try not to leave your child alone at home for the first 48 hours after a significant head injury.

Advice about returning to sport

- Repeated head injury during recovery from concussion can cause long term damage to a child's brain
- Expect to stay off sport until at least 2 weeks after symptoms are fully recovered
- Always discuss with your child's school and sports club to discuss a gradual return to full activity

❖ **Sent Home**

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

a) Contact the parents/ guardian and request that they collect the student
b) No sick student can go without the parents / guardian
c) No sick student will go home in a taxi unaccompanied
d) For medical reasons, the student will be given an 'Exit slip' (signed by the HOD's and class teachers and transportation coordinator) for the reception. An early leaving logbook will be completed with the child's information. All discharges home will be documented.

❖ **P.E. Excuse Note**

A note will be sent with the student, to give to their P.E. teacher, if the nurse seems it necessary

PARENT NOTIFICATION POLICY

- 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
- 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
- Parents are updated by the School medical team of any changes or variations to their child's health and well-being.
- Whenever there is a medical condition that needs to be discussed with parents, a meeting is scheduled with the school doctor and a timely plan of referral and treatment is agreed upon. Parents will be requested to provide updates to the school doctor and nurses.
- First aid treatment
  - ✓ Parents are notified by telephone if permission for medication is needed or the child needs to be monitored at home or needs medical follow up
  - ✓ If the parents can't be contacted, a report is sent home with the child and is signed by the school doctor or nurse.
  - ✓ If any health concerns are noted during the Medical examination, a notification letter is signed by medical staff and sent to the parents
- 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
- In case of communicable diseases

  A notification letter is sent as per DHA guidelines and after consulting the school health services

ALLERGY MANAGEMENT POLICY

- The medical team will organize a school allergy list. Allergic list of students provided to all teachers. Students with a documented history of anaphylaxis will require parental authorization for emergency treatment of their allergies and the physician's order to administer an epinephrine auto-injector shall be entered into the student's health record
- All students with life threatening allergies will be highlighted on the Allergy list and will be identified by the Medical team
- Life Threatening Allergies
    - 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
    - An emergency response treatment protocol will be completed for all students with life threatening allergies. The protocol will be updated if clinically required
    - The Parents are requested to provide a medical report from their doctor detailing their child's allergy history, this will be attached to the child's file. An Individual allergy action plan will be compiled

- The Allergy action plan should include
    a) A plan for transport to the nearest emergency facility.
    b) Telephone number for parents and alternate emergency contacts.
    c) Students' photo.
    d) Authorization to release relevant information to the Teachers.
    e) Specific information about the student's allergy and treatment and history of previous allergic episodes.
    f) Authorization and direction for administering emergency medications.
    g) Treatment protocol form will include parental authorization for emergency protocol.
    h) Emergency medication will be stored, in the school clinic e.g. adrenaline, EpiPens. Glucagon etc.

- Food allergy management in the classroom
    a) Students with allergies encourage to eat the food they bring from home.
    b) Sharing food are not permitted.
    c) Students are reminded not to share cups and straws.
    d) Hand washing is required before and after eating.
    e) Desk and other eating surfaces are kept clean after food.
    f) Information regarding the students' allergies is shared with their teacher, once release of information was signed by the parents.

ACCIDENT AND MEDICAL EMERGENCIES POLICY

- **Accidents that Do Not Require Hospital Transfer**

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

a) The First Responder (if not the Nurse) will call for help and stay with the patient until the medical team arrives.
b) The doctor/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.
c) If possible, the student will be moved to a safe area, once assessed by the nurse.
d) Instruct the teachers to reassure the other students.
e) The student must be kept under medical supervision until recovered.
f) The incident and any treatment will be documented in student's medical file, and an incident report will be submitted

- **Emergencies that require Hospital Transfer**

As per the Dubai Health Authority policy, in the event of an emergency transfer to a hospital

a) The medical team/ School Administration should inform parents of the student and arrange for an ambulance on 998 and the child will be transferred to Hospital.
b) The School Administration/medical team should arrange for a staff member to escort the child in the ambulance to the hospital.
c) An Emergency Transfer Form must be completed by the doctor/nurse.

- **Emergency Transfer Information**

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

a) The student's name, age, address and telephone number.
b) The parents/ guardian's name address and telephone number.
c) Any known allergies and any relevant medical history.
d) An accurate account of the incident/accident.
e) Details of any medication and first aid administered in the school.

A copy will be kept in student's record.

MEDICATION GUIDLINE POLICY

➢ Storage Recommendations

a) All school medications and those brought to school by students will be kept in the school clinic in a locked cupboard.
b) As per the DHA, all medication required by students in school, must be accompanied by a valid doctor's prescription.
c) The cupboard will always be locked, and the keys will be held by the nurse.
d) All medications will be checked daily and their expiry dates will be recorded.
e) Any medicines will be clearly labelled with the student's name and expiry date.
f) The refrigerator temperature will be checked and recorded daily between 2 and 8^{o}C.

➢ Medication Authorization Consent Form

- The parent / guardian must complete a Medication Authorization Consent prior to administration of any medication within the school and must be accompanied by doctor's prescription.
- A separate Medication Authorization Form must be completed for each medication.
- A new Medication Authorization Consent must be completed if there are changes in the original doctor's prescription.
- The Medication Administration Consent must be completed before any medication may be administered. This information includes:
    1) Student's name
    2) Name of medication
    3) Dosage of medication
    4) Route to be given.
    5) Time and date of administration
    6) Prescription date
    7) Reason for the medication
    8) Parent/ guardian and nurse's signature
    9) Contact telephone numbers
- The School doctor/nurse will ensure the Medication Authorization Consent will be kept in the student's health record.

➢ Medication Container and Labels

- Medications, prescribed and non-prescribed, must be in the original, properly labelled container.
- All opened medications will be labelled stating the date of opening.
- A new label is required for any dose change.

- **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 dose, right route, right documentation, right reason, right to refuse, right client education and right assessment.
  - 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.
  - Where home administration is not possible, the school nurse may administer medication in accordance with the DHA guidelines
  - Parents or guardians must pick up all medications after they are discontinued.

- **Emergency Medications**

Children with special medications that require medicines to be kept in the clinic are asked to obtain an "**Individual Health Care Plan** "and a prescription from their doctor. This will be attached to their file for continuity of care and safety.

HEALTH RECORD MANAGEMENT AND RETENTION POLICY

Student Medical Records

a) A complete, comprehensive, and accurate student medical record is maintained for each student.
b) 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.
c) Records and highlight allergies, management of allergies and untoward drug reactions.
d) The clinic maintains an immunization record of all students and prescribes and administers immunization in case applicable as per the DHA guideline
e) Records should be organized in a consistent manner that facilitates continuity of care.
f) 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.
g) The school health doctor or when designated, the nurse is being responsible for the complete, cumulative school health record for each student.
h) Any paper records will be securely stored in a locked filling cabinet.
i) Whenever a student transfers to another school, a copy of the complete records must be taken and need to keep in the school clinic for 5 years and handed over to the next school to ensure confidentiality of medical records.
j) 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.
k) Health records include information regarding but not limited to:
    - Health history, including chronic conditions and treatment plan.
    - Screening results and necessary follow-up.
    - Immunization status and certification.
    - Health examination reports.
    - Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care.
    - The Individual Health Care Plan, for a student with documented anaphylaxis, this will include:
        - ✓ The parental authorization of a student's treatment for allergies.
        - ✓ The physician's order to administer an emergency medicine shall be entered into the student's health record.
        - ✓ Documentation of any nursing assessments completed.
        - ✓ The signed release of information.
l) 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.

m) 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.

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

- Secure records at all times, including confidentiality safeguards for electronic records.
- Establish, document and enforce protocols and procedures consistent with the confidentiality requirements.

INFECTION CONTROL AND PREVENTION POLICY

Introduction

Infection control prevents or stops the spread of infections in healthcare settings. This includes an overview of how infections spread, ways to prevent the spread of infections, and more detailed recommendations by type of healthcare setting

- **Break the chain of infection**

  - By cleaning your hands frequently
  - Staying up to date on your vaccines
  - Covering coughs and sneezes
  - Staying home when sick
  - Following the rules for standard and contact isolation
  - Using personal protective equipment, the right way
  - Cleaning and disinfecting the environment using approved disinfectant and using the concentration according to manufactures instructions.

- **Recommended precautions to avoid & control the spread of infection**

The care-giver should be prepared to use the appropriate precautions and techniques prior to providing care and it includes

- Standard precautions
- Transmission based precaution

- **Standard Precautions**

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. Standard Precautions include

1) Hand hygiene.
2) Use of personal protective equipment (e.g., gloves, masks, eyewear).
3) Respiratory hygiene / cough etiquette.
4) Needle stick and Sharps Injury Prevention.
5) Safe injection practices
6) Cleaning and disinfection

1) Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections among patients and Health Care Workers. It is a general term referring to any action of hand cleansing by using water and soap (anti-microbial or non-anti-microbial (or using alcohol based hand rub sanitizer). It is the single most effective way to prevent and control the spread of infection to others such as: Colds. Influenza. Swine flu, COVID 19 infection and others.

Clean your hands frequently with soap and water for at least 20 seconds. If soap and water is not available, you may use a Hand Sanitizer containing at least 60% alcohol till the hands become dry.

According to WHO there are 5 moments for Hand Hygiene. They are:

i. Before touching a patient.
ii. Before clean/aseptic procedure.
iii. After body fluid exposure risk.
iv. After touching a patient.
v. After touching patient surroundings.

Other Indications for Hand Hygiene are

- Before handling medication.
- If moving from a contaminated body site to another body site during care of the same Student
- Before wearing and after removing of Personal Protective Equipment.
- After handling used or soiled/contaminated linens.
- Before starting and leaving the work.
- Before preparing/handling food.
- Before and after eating.
- After handling waste.
- After toileting

2) Use of Personal Protective Equipment

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect Health Care Providers from exposure to or contact with infectious agents.

These include gloves, face masks, protective eye wear, face shields, and disposable gown. Hand hygiene is always the final step after removing and disposing of PPE.

Can prevent further spread of contamination while wearing PPE by:

- Keeping hands away from face.
- Limiting surfaces touched.
- Removing PPE when leaving work areas.

- Performing hand hygiene.

3) Respiratory hygiene / cough etiquette

Respiratory hygiene is a term adopted by CDC for respiratory illnesses by droplet and airborne transmission

A universal "respiratory hygiene/cough etiquette" policy includes

- Covering the mouth and nose with a tissue when coughing or sneezing.
- Disposal of used tissues in a closed bin.
- Practicing hand hygiene often.
- If tissue is not there, cough or sneeze on your elbow. Then practice hand hygiene.

4) Needle stick and Sharps Injury Prevention

- Safe handling of needles and other sharp devices are components of standard precautions that are implemented to prevent health care worker exposure to blood borne pathogens.
- Used needles should be discarded immediately after use and not recapped, bent, cut, removed from the syringe or tube holder, and should be placed in a leak-proof, puncture-resistant sharps container that is labelled with a biohazard label.
- Do not overfill sharps containers. Discard after 2/3 full or when contents are at the line indicated on the container

5) Safe injection practices

- All health care personnel who give injections should strictly adhere to the CDC recommendations of safe injection practices which include:
- Use of a new needle and syringe with each injection of a client.

6) Cleaning and disinfecting

School management should ensure that all domestic staff are maintaining good hygienic standard of the school premises through cleansing and disinfecting frequently and daily as well as by using approved disinfectant in the concentration according to manufacture instructions.

Cleaning surfaces

- Clean all surfaces, frequently touched surfaces and floors with bleach.
- Bleach can be used as a disinfectant for cleaning and disinfection (dilute one-part bleach in 50 parts water, or 1000ppm). 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 ethyl alcohol 60 can be used to wipe down surfaces where the use of bleach is not suitable e.g. Metal).

High touch surfaces include

Tables, doorknobs, light switches, counter tops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

To make a bleach solution

- **The mixing:** 5 tablespoons (1/3rd cup) bleach solution per gallon of water- 3.78 liters of water.

Alcohol solutions with at least 70% alcohol may also be used. For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

- **Use alcohol-based wipes or sprays containing at least 70% alcohol**.

  - Dry surface thoroughly.
  - Keep classrooms, pantry, toilets, and bathroom clean and hygienic.
  - Clean and disinfect frequently touched surfaces, furniture, toys, commonly shared items and floor at least daily by using appropriate disinfectant.
  - If places are contaminated by respiratory secretions, vomitus or excreta, use strong absorbent disposable towels to wipe them away, then disinfect the surface and neighboring area with appropriate disinfectant. Domestic staff should wear appropriate Personal Protective Equipment if infectious disease is suspected.

- **Cleaning and disinfecting environmental surface**

  - Ensure cleaning curtains on regular basis (once in 2 weeks).
  - Maintain log book of laundry
  - Ensure availability of spare curtains

- **Teach and train domestic staff and ensure the following**

  - Clean house cleaning surfaces (floor, tabletop) on regular basis- daily, when spill occurs and when these surfaces are visibly soiled.
  - Include cleaning walls, windows and doors.
  - Prepare disinfectant solution as needed and replace with fresh one frequently.
  - Use one step process (from clean area to unclean areas).

Cleaners should be encouraged to practice Hand Washing techniques (Wash hands with soap and water for at least 20 seconds). If soap solution is not available, to use Hand sanitizer with at least 60% alcohol to clean hands till they are dry.

Transmission based precaution

1. **The Control Measure of Airborne Precautions**

   - Place patient in the identified room to isolate from others
   - Door close always
   - Use of particulate respirator mask-e.g. N-95 by HCW, surgical mask by Patient, follow strict hand hygiene practice
   - Environment measure - Ensure that the environmental surfaces (high touch & Low touch surface) are routinely cleaned & disinfect.

2. **The Control Measure of Droplet Precautions**

   - Place patient in the identified room to isolate from others.
   - Mandatory use of surgical mask for patient & for staff.
   - Use gloves when handling contaminated tissues.
   - Environmental Measures: daily cleaning with approved disinfectant

3. **The Control Measure of Contact Precautions**

   - Place patient in the identified room to isolate from others
   - Use Gown and gloves before contact with patient or environment of care (e.g. medical equipment, environmental surfaces).
   - Environmental Measures-high touch surfaces, areas close to patient to be cleaned with approved disinfectant

The products used in TSPS school setting for cleaning and disinfection of the floor and washrooms are Chemex Chemical and Hygiene Product and for disinfection of table tops and door knobs is Sumapine disinfectant recommended by Dubai Municipality.

HEAD LICE POLICY

Whilst parents have the primary responsibility for the detection and treatment of head lice we work in a cooperative and collaborative manner to assist to manage head lice effectively.

- ✓ Routine Headline Checks are generally not needed, however, if a case of suspected head lice is reported a head inspection check can be carried out by the school nurse.
- ✓ If the teacher suspects infestation on a child, the nurse should check and the doctor if available should confirm. Head lice and nits can be visible with the naked eye, It's recommended to use the conditioner/fine toothed combing detection method, although use of a magnifying lens may be necessary to find crawling lice or to identify a developing nymph inside a viable nit. Nits are often confused with other particles found in hair such as dandruff, hair spray droplets, and dirt particles. Send kids home at the end of the day with a note if a school nurse discovers lice.

Treatment:
Requires using an Over-the-counter (OTC) or prescription medication. Follow these treatment steps:

1. Before applying treatment, it may be helpful to remove clothing that can become wet or stained during treatment.
2. Apply lice medicine, also called pediculicide, according to the instructions contained in the box or printed on the label. If the infested person has very long hair (longer than shoulder length), it may be necessary to use a second bottle. Pay special attention to instructions on the label or in the box regarding how long the medication should be left on the hair and how it should be washed out.

WARNING:

Do not use a combination shampoo/conditioner, or conditioner before using lice medicine. Do not re–wash the hair for 1–2 days after the lice medicine is removed.

- Have the infested person put on clean clothing after treatment.
- If a few live lice are still found 8–12 hours after treatment, but are moving more slowly than before, do not retreat. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine–toothed nit comb.
- If, after 8–12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. Do not retreat until speaking with your health care provider; a different pediculicide may be necessary. If your health care provider recommends a different pediculicide, carefully follow the treatment instructions contained in the box or printed on the label.
- Nit (head lice egg) combs, often found in lice medicine packages, should be used to comb nits and lice from the hair shaft. Many flea combs made for cats and dogs are also effective.
- After each treatment, checking the hair and combing with a nit comb to remove nits and lice every 2–3 days may decrease the chance of self–re infestation. Continue to check for 2–3 weeks to be sure all lice and nits are gone. Nit removal is not needed when treating with spinosad topical suspension.
- Retreatment is meant to kill any surviving hatched lice before they produce new eggs. For some drugs, retreatment is recommended routinely about a week after the first treatment (7–9 days, depending on

the drug) and for others only if crawling lice are seen during this period. Retreatment with lindane shampoo is not recommended.

- *Supplemental Measures:* Head lice do not survive long if they fall off a person and cannot feed. You don't need to spend a lot of time or money on housecleaning activities. Follow these steps to help avoid re–infestation by lice that have recently fallen off the hair or crawled onto clothing or furniture.

  - ✓ Machine wash and dry clothing, bed linens, and other items that the infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry–cleaned OR sealed in a plastic bag and stored for 2 weeks.
  - ✓ Soak combs and brushes in hot water (at least 130°F) for 5–10 minutes.
  - ✓ Vacuum the floor and furniture, particularly where the infested person sat or lay. However, the risk of getting infested by a louse that has fallen onto a rug or carpet or furniture is very small. Head lice survive less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp. Spending much time and money on housecleaning activities is not necessary to avoid re-infestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
  - ✓ Do not use fumigant sprays; they can be toxic if inhaled or absorbed through the skin.

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.

- **Screening**

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

- **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.

- **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.

CLINIC POLICY

- **Implementation of vaccination programme**

a) The Medical Team will plan at the beginning of the year for the vaccination and sent Form 1 for an annual estimated vaccine according to target population is sent to DHA.
b) Immunization Program Information will be sent to parents through the School Parent after the approval from School and DHA.
c) Parents who wills to avail the vaccination shall complete the consent form and return it along the with the original vaccination card.
d) Form 2 is sent to DHA three weeks before the vaccination, comprising the more specific number of vaccines needed.
e) Following the cold chain, nurse will go to CSC to receive the required vaccines in the morning of the vaccination. All safety procedures and precautions shall be followed during the vaccination.
f) A notification form is sent to the parents after the child received the vaccination, indicating the vaccination received by the child.
g) Remaining vaccinations are stored in an appropriate temperature and are returned to CSC centre in the afternoon.
h) Form 3 is sent again to DHA nurse, designating the actual consumption during the program.

- **Vaccines are only to be given in the following circumstances**

✓ Consent form is fully completed, signed by parent and dated
✓ Student does not have any allergies or contraindications to the vaccine.
✓ Student requires a dose of the specified vaccine.
✓ Should any of the above not be completed, the vaccine will not be administered.
✓ Emergency/ Anaphylaxis kit should be available during all vaccine campaigns.
✓ Adverse reaction forms should be available in the instance of a reactions.
✓ Students are to be monitored in the clinic for up to 15 minutes after administration of the vaccine to monitor for any adverse reactions.
✓ 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.
✓ Vaccine administration is to be noted on the DHA blue immunization cards, health records.
✓ School health doctor available during vaccination time in the school.

Diabetic care management and glucagon administration

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

Purpose

a. Students with diabetes must balance food, medications, and physical activity while at school.
b. School nurses coordinate care and educate school staff to provide a safe, therapeutic environment for students with diabetes.

Goal

Optimal Student Health and Learning. All school staff members should have to know whom to contact for help

As DHA Requires

a) The nurse requests for an Individualized Health Care Plan and Emergency Health Care plan from parents duly completed by the child's attending physician.
b) Annual written authorization for the provision of care.
c) Authorization for release and sharing of certain medical information. Serves as conduit for sharing of medical information and communications with parents.
d) Develops and updates the students Individualized Health Care Plan.
e) The Individualized Health Care Plan must include:
    - Symptoms of hypoglycaemia for that student and recommended treatment.
    - Symptoms of hyperglycaemia for that student and recommended treatment.
    - Frequency of glucose testing.
    - Insulin and glucagon orders

Administration of Glucagon

School nurse has primary responsibility for emergency administration of glucagon

It will be administered only with parent's permission after hypoglycaemia is confirmed through capillary blood glucose check. The student is to then be transferred to Rashid Hospital for further assessment.

Schools responsibility

- Not deny the student access to food or water.
- Consider food and exercise issues when scheduling physical education, recess or dance classes
- Notify parents well in advance of field trips and school activities.
- Serve only healthy foods at school functions and activities.

- Coordinate with School nurses in providing optimal, physical and emotional care for the child and their family.

Accommodations for Self-Management

The school nurse, parents/guardian and the student should consult to determine the most appropriate location for glucose checks and insulin administration. The agreed plan should be considered of:

- The age and developmental level of student
- Privacy concerns
- The length of time since diagnosis
- The child's capacity to implement procedures, including clean-up and disposal of medical waste, in a consistent, correct and safe manner and in accordance with DHA protocols.

MEDICAL HAZARDOUS AND WASTE MANAGEMENT POLICY

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 BIS in compliance with all laws, guidance rules, standards, policies and codes issued by the applicable authorities in the UAE.

Provision of Service

Prior to instigation the services, the cleaning company must obtain all licenses, permits and other approvals from the applicable Authorities necessary for the execution of services.

Obligations of the Cleaning Facility

- Collect each sharp container and dispose of medical waste from each site as per Dubai municipality regulations and in accordance with any other applicable authorities.
- Maintain excellent safety standards at all times.
- Responsible for the supply of sharp container and collection.
- Maintain a record of all collections from the site.

Obligations of Dewvale School

- Use the sharp containers for medical waste only.
- Be responsible for notification of fines resulting from incorrect waste being placed in the bins.
- In the event that a replacement sharp container is required, Dewvale School will notify Cleaning Compan 24 hours prior to collection

Obligations of the Nurse in the Clinic

- Makes Sure that waste bin is labelled, and proper waste disposal is observed.
- Sharp safe container shall be kept above ground level and should be for disposal after 3months or when it is 2/3 filled.
- Sharp container must be properly labelled with the name of the school, section, expiry date, staff no. and signature after closing it permanently.
- Nurse notifies cleaning company 24 hours prior to collection of waste and sharp container.
- Medical waste bags are removed daily.

Needle Stick Injury

Needle stick injury is a recurrent episode in the health care setting and may be a route of transmission to many blood borne diseases. It is important that the nurses adhere to the no recapping policy to prevent this incidence from happening.

In the event of needle stick injury, immediate intervention should be done as per CDC,

- Wash needle sticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irritants.
- Immediately seek medical treatment
- Both concerned individuals should be tested immediately to find definitive current health condition. A follow up test will be advised if resulted negative to communicable disease to the first test

LAUNDRY POLICY

Introduction

The provision of clean linen is a fundamental requirement for service user care. Incorrect handling or processing of linen can present an infection risk to all staff who process and handle laundry items and to the service user.

How to handle laundry

- Used linen should be kept in appropriate bags for transportation.
- Do not rinse or sort linen in patient care areas.
- Handle all linens with minimum agitation.
- Linen (sheets, cotton blankets) should be washed in hot water (70degree centigrade to 80 degrees centigrade) and detergent, rinse and dry preferably in a dryer or in sun.
- Ensure cleaning curtains on regular basis (once in 2 weeks).
- Maintain log book of laundry
- Ensure availability of spare curtains.
- Mattresses and pillows may be wiped over with a neutral detergent/ steam cleaned if they have been contaminated with body fluids.

PURPOSE

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

HASANA SYSTEM MANAGING POLICY

With the aim of managing and containing the spread of communicable diseases, the Dubai Health Authority, DHA, has launched HASANA, an integrated electronic public health system for disease surveillance and management. The system will integrate all DHA and private health facilities in Dubai, to provide a single immunization record for each individual in all health facilities in Dubai.

Purpose

The purpose of this policy is to provide detailed instructions on how to manage school mass immunization events on Hasana. The focus in this policy is on identifying the data necessary to create and use mass immunization events by Clinical Staff.

After reading this policy, users should be able to:

- ✓ Search for and create school mass immunization events
- ✓ Maintain and use school mass immunization events
- ✓ School Mass Immunization

Mass Immunization Events in HASANA provides the functionality for implementing planned or ad-hoc mass immunization services (e.g. school, community, or outbreak related). It is not designed to plan and deliver a single client immunization nor perform standard clinic operations. Events are created to facilitate providing of immunizations to a large group of clients in a single location. The events can be defined in advance, by identifying the date, location, clients, providers and agents involved. The recording of the immunizations on the event date(s) is greatly facilitated by providing appropriate defaults, and reducing data entry as much as possible. Mass Immunization Event's main purpose is to facilitate the data entry of multiple immunizations. This section will cover the following:

- School Mass Immunizations
- Create a Cohort
- Upload a Client List to a Cohort
- Searching and Creating Mass Immunization Events
- Adding a Client List
- Updating Mass Immunization Events
- Mass Immunization Worksheet
- Mass Immunization Communication Template
- Recording Consent
- Updating Event Status
- Recording Immunizations
- Mass Immunization Reports
- Completing Event

CLINIC POLICY

School Mass Immunizations

School Mass Immunizations are mass campaigns that occur in the school premise. Whether a school is a DHA contracted or non-contracted school, the steps to creating and implementing a mass campaign on HASANA are similar. The high-level steps to create a mass immunization event in HASANA are as follows:

Prior to the event

- Create a list of students taking part in the Mass Immunization Event and format the list according to the HASANA Client Upload template provided by DHA and saved as a *.txt file ready to be uploaded into a Cohort.
- Create a Cohort. Upload *.txt file into newly created cohort
- Create a Mass Immunization Event, adding the Event Date(s), Immunizing Agents, and Providers.
- From Update Mass Immunization Event screen the Cohort will be searched for using the cohort ID, name or organization. Once returned to the Mass Immunization Event, and the Client List will be displayed.

Update Mass Immunization Event recording consents for each student

during evet

- Select a student from the Client List in the Mass Immunization Event Worksheet, determine presence, verify Consent, assess to determine need for deferral or exemption then proceed with recommended immunization(s).
- Update Mass Immunization Event Worksheet with student's assessment and immunization(s). **Repeat**

After event

- Review Immunization Coverage Report to determine if an additional Mass Immunization Event date needs to be booked
- Mass Immunization Event is marked as Completed.
- Generate necessary reports to the appropriate stakeholders (i.e. Pharmacy)