مدرسة بيس سبرينق فيلد انترناشونال ذ.م.م

PACE SPRINGFIELD INTERNATIONAL SCHOOL L.L.C

CLINIC POLICY

2026-2027

+971 04 271 0000
P.O. Box: 76997, Al Awir, Dubai - UAE
info@pacespringfield.com

pacespringfieldinternationalschool

Greetings.....!!!!!!!

As all of us embark upon our journey to provide a safe and thriving environment for school children, it is important to ensure their well – being and health.

To achieve this, the PACE SPRINGFIELD INTERNATIONAL SCHOOL, AL AWIR-DUBAI in line with international standards, has chalked out an updated set of regulations for school clinics to abide by, in order to provide high quality health services to our students.

School Health Care is one of the optimum investments in student's health promotion in Dubai.

Clinical policies will improve the quality and the level of the health care services provided to patients. Policies can be used by the health care providers to answer specific questions in day to day practice and as an information source for continuing professional education.

SCHOOL HEALTH TEAM
SPRINGFIELD INTERNATIONAL
SCHOOL, AL AWIR-DUBAI

INDEX

SL NO	CONTENT	PAGE NO
1.	MEDICAL & HAZARDOUS WASTE MANAGEMENT POLICY	5 - 10
2.	HEALTH EXAMINATION & SCREENING POLICY	11 - 12
3.	MINOR INJURY, FIRST AID & EMERGENCY POLICY	13 – 17
4.	POLICY ON DIABETIC CARE MANAGEMENT & GLUCAGON ADMINISTRATION	18 – 19
5.	MEDICATION MANAGEMENT POLICY	20 - 25
6.	EMERGENCY PATIENT TRANSPORT AND REFERRAL POLICY	26 – 28
7.	FIRE & SAFETY POLICY	29 - 31
8.	HEALTH RECORD MANAGEMENT AND RETENTION POLICY	32 – 33
9.	STAFF ORIENTATION & TRAINING PROGRAMME	34 – 37
11.	IMMUNIZATION POLICY	40 – 44
12.	INFECTION PREVENTION AND CONTROL POLICY	45 – 48
13.	NOTIFICATION OF PARENT'S POLICY	49 -49
14.	HEAD LICE POLICY	50- 51
15.	ALLERGY MANAGEMENT POLICY	52 -54
16.	EPILEPSY POLICY	55 – 59
17.	CHILD PROTECTION POLICY	60 – 64
18.	NEEDLE STICK INJURY POLICY	65 – 67
19.	HEAT EXPOSURE POLICY	68 – 72
21.	INFECTIOUS DISEASE OUTBREAK POLICY	75- 76

22.	BULLYING PREVENTION POLICY	77 – 78
23.	BUSINESS CONTINUITY POLICY	79- 80
24.	STAY HOME IF UNWELL POLICY	81 – 82
25.	SAFE USE OF CHEMICALS USED FOR INFECTION CONTROL POLICY	83 – 85
26.	REPROCESSING OF REUSABLE EQUIPMENT POLICY	86 – 87
27.	POLICY FOR MANAGING HASANA SYSTEM	88 – 88
28.	INCIDENT REPORTING POLICY	89 - 90
29.	STAFFING PLAN, STAFF MANAGEMENT & CLINICAL PRIVILEGING	91-92
30	PHYSICAL ACTIVITY POLICY	93-94
31	HEALTHY NUTRITION POLICY	95-96
32	SERVICE DESCRIPTION & SCOPE OF SERVICE POLICY	97-100
33	STUDENT CONFIDENTIALITY & PRIVACY POLICY	101-102
34	STUDENT HEALTH EDUCATION, COMMUNICATION & INFORMED CONSENT POLICY	103-104

1. MEDICAL & HAZARDOUS WASTE MANAGEMENT POLICY

PURPOSE:

To develop a system in our school that addressees the identification, selection, inventory, handling, storage, use and proper disposal of medical and hazardous waste.

SCOPE:

The scope of hazardous materials and waste management plan is to manage hazardous materials and waste safely and effectively in the environment of our school, PACE SPRINGFIELD INTERNATIONAL SCHOOL – Al Awir.

COLOUR CODING OF WASTE PACKAGE

Group A Medical Waste	Anatomical or pathological waste, waste contaminated with human blood or other body fluids, excreta, vomit, human tissue, wastes from contagious diseases, dirty bandages, bed sheets, animal remains and all other materials on which animal lay or cloth or on which animal lay or cloth or used by animal whether contaminated or not and mortuary wastes.	Yellow Garbage Bin, Yellow Bags + Spill Kit
Group B Medical Waste	Sharps, usually syringes and needles, surgical tools, different medicine and medical equipment vessels, broken glass and all other sharp equipment's, tools and materials.	Sharp box

Group C Medical Waste	Blood, tissue and microbial cultures and microbiology laboratory waste, carcasses of inoculated lab animals, stools from cholera patient or body fluid of highly infectious diseases, and mortuary waste not specified under Group A.	Yellow Garbage Bin, Yellow Bags + Spill Kit
General Waste	Non Hazardous Waste; similar to Domestic waste	Black Bag

HAZARDOUS SPILL MANAGEMENT

1.Follow the instructions available in spill kits. Spill kit shall be available in the units.

1. Spills of less than 30 ml should be cleaned immediately by personnel who have been trained to work with the material. The spill areas then should be cleaned three times using a detergent solution followed by clean water.

- Personnel should wear appropriate personal protective equipment (PPE) to clean up spills. At a minimum, this includes double gloves and protective eyewear, mouth and nasal mask.

- Personnel should pick up any broken glass fragments which should be placed in a small cardboard or plastic container or sharp box if available using a scoop or another mechanical device.

- Place absorbent material over the spill.

- Dispose all contaminated material in a yellow plastic bag. Label the bag with the name of the hazardous material. Glassware or other contaminated reusable items should be place in a plastic bag and washed in a sink with detergent by a trained employee wearing double surgical latex gloves.

2. Spills more than 30 ml

-If the spill involves a fire, should use the fire alarm system to activate the fire alarm.

-If there is fire or explosion personnel should contact the Hazardous Material (HAZMAT) team and describe the emergency.

-Evacuate the area and close all doors. Notify other people not to enter the area.

3. Procedures for employee exposures during chemical spills:

-if the skin is exposed to hazardous materials, the person should wash the affected area thoroughly with plenty of water.

-if Hazardous materials are splashed in the eyes personnel should flush the eyes immediately with water, preferably using an eye washer, for at least 15 minutes.

-Personnel should remove grossly affected clothing in a yellow plastic bag.

SHARPS MANAGEMENT

1– During assembly of the sharp box, the health worker should write the name and section of school, date assembled, expiry, staff name and signature. Before disposal of the box, the health worker should ensure that it is locked. The sharp box must be always kept off the floor, placed in a trolley or kept mounted at the wall within the level of the arm and below the eye level. It should be closed at all times if not in use.

2– During disposal, dispose the needle and syringe as a single unit, discarding used sharps immediately, and keep fingers away from opening while discarding.

3– After disposal, ensure that the lid is closed temporarily if not to be used further. Ensure that sharps are dropped inside. The sharp box should be cleaned regularly. It should not be filled more than 2/3 of its capacity.

4– Storing and transporting. Keep the sharp container in yellow bag and store in secured yellow bag disposal room till collected by transport for incineration

CONTRACT DETAILS WITH WASTE DISPOSAL COMPANY

PACE SPRINGFIELD INTERNATIONAL SCHOOL is in agreement with Globalex Company LLC. Globalex is a handler of hazardous solid and liquid waste and processes the required skills, knowledge and expertise to provide services to PACE MBS – Dubai in compliance with all laws, guidance rules, standards, policies and codes issued by the applicable authorities in the UAE. only.

PROVISION OF SERVICE

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

OBLIGATION OF GLOBLEX

4. They shall collect each sharp container and yellow bags in all the clinics and dispose the medical waste from the site as per Dubai Municipality regulations and in accordance with any other applicable authorities.
5. They shall at all times maintain excellent safety standards.
6. They are responsible for the supply of sharp containers and collection.
7. They should maintain a record of all collections from the site.

8. In the event that a replacement sharp container is required, NCS will notify Globalex 24 hours prior to the collection.

OBLIGATIONS OF NURSE IN THE CLINIC

9. Make sure that waste bin is labeled and proper waste disposal is observed.
10. Sharp safe containers shall be kept above ground level and should be for disposal after 3 months or when it is 2/3 filled.
11. Sharp container must be properly labeled with the name of the school, section, expiry date, staff no. and signature after closing it permanently. As per DHA policy sharps includes: hypodermic needles, IV cannula and tubings, scalpels, blades, scissors, lancets, microscopic slides, bone, teeth, and broken glass.
12. Nurse should follow-up Globalex if they weren't able to come on the scheduled day for pick-up of medical waste weekly.
13. Medical waste bags are removed daily from place of generation and placed to the main collecting site.
14. Nurse must use "scoop technique" to collect sharps.

2. HEALTH EXAMINATION & SCREENING POLICY

INTRODUCTION

The health and safety of students at SPRINGFIELD INTERNATIONAL SCHOOL is important. The School Clinic is well staffed with full-time Registered Nurses and part time Doctors licensed with Dubai Health Authority.

1. The Clinic team provides first aid to sick and injured students during school hours and during after school activities on the school campus.

2. The clinic administers medicines.

3. Doctor refers students for follow up at emergency services if needed. The clinic is well equipped and with an Automated External Defibrillator, a nebulizer and oxygen apparatus and many other medical equipment with all help to provide appropriate medical first aid response.

4. The school participates in health campaigns as part of the Generalized Educational Plan (GEP) with the members of the medical team giving regular health talks to students to promote healthy lifestyle. The clinic also implements Individualized Educational Plan (IEP) for chronic and special cases according to treating physician.

5. The clinic takes in priority the welfare and safety of the students in cooperation with the maintenance department.

PURPOSE

15. To make the parents aware of how to notify the school if children have been unwell and will not be attending on that day.
16. To make the staff aware of the procedure if they suspect a child who is unwell or has an infectious disease.
17. To give guidelines to communicable diseases and illness within the school and actions to be taken.

SCOPE

18. Providing direct care to students.
19. Providing care for injuries and acute illness for all students and long-term management of students with special health care needs. Responsibilities include assessment and treatment within the scope of professional doctors and nurses practice, communication with parents, referral to emergency physician.
20. An individualized health care plan is developed for students, and when appropriate an emergency plan is developed to manage potential emergent events in the school setting
21. Doctor is responsible for management, planning and communicating provision of school health services for children with special health needs, including children with chronic illnesses and disabilities of various degrees of severity.
22. Ensuring that the student's individualized health care plan is part of the individualized education plan (IEP), when appropriate, and that both plans are developed and IEP should be implemented with full team participation, which includes the student, family, and Doctors, social worker, and special needs staff if with special case.

HEALTH EXAMINATION AND SCREENING POLICY

In accordance with the guidelines of Dubai School Health Authority, the school is required to perform Medical Examination to all students by the Doctor.

Annual Growth Screening, BMI and Visual Screening are required to be taken annually to all the students by the school nurses in supervision of Doctors.

a) The school notifies the parents prior to the medical examination.
b) Parents who prefer to avail the examination from their family doctor are requested to provide a medical examination report which will be attached to the student's medical file.
c) The welfare and safety of the children are the utmost priority and they are supervised by the Doctor and school nurse at all times during examination.
d) Parents are informed by Doctor on duty via telephone or written paper of any abnormalities seen during the examination and referral is made accordingly.

3. MINOR INJURY, FIRST AID & EMERGENCY POLICY

PURPOSE AND SCOPE:

23. To ensure that there Is adequate first aid facilities, supplies and health professional that will be able to provide any immediate, initial attention and proper treatment to the students, staff and others that are legally present in the premises in the event of any illness, accident or injury, no matter how major or minor, that may occur in PACE SPRINGFIELD INTERNATIONAL SCHOOL.
24. To prevent occurrence of any further dangerous incidents, as well as to preserve life, stabilize the person's condition, promote recovery and protection and comfort of the person suffering from the injury or illness.
25. The Doctor, Nurse or staff (if there's no health professional present in the school) must call 999 immediately for the emergency services if there's a serious medical emergency before implementing any other intervention.

RESPONSIBILITY:

The School Administration is overall responsible in providing the school clinic adequate and appropriate first aid equipment, facilities and health professional, in addition to ensuring that the correct first aid procedures are followed.

PARENT CONSENT:

Parents provide written consent for the administration of first aid and medical treatment at the time of admission.

PROCEDURES FOR STUDENTS WITH MEDICAL CONDITIONS

A record is maintained of pupils who have chronic illnesses that may need to have access to asthma inhalers, Epipens, insulin or any other similar treatment. This information is circulated to the staff.

Where appropriate individual students will be responsible for keeping lifesaving equipment with them and their suitability for this arrangement will be reviewed on a regular basis. In other cases, the equipment will be kept, correctly labeled, in the school clinic.

PROCEDURE IN THE EVENT OF ILLNESS

26. If a student is unwell during lessons, then he or she should consult the class supervisor who will assess the situation and decide on the next course of action. The student will be accompanied as necessary if he/she has to go to the school clinic, otherwise they will be given a permission from the class supervisor.
27. The nurse will decide on the next course of action and provide the first aid as required.

28. Students who have been injured and who are in obvious pain or distress should never be directed to make their own way to the school clinic. They should be accompanied by an adult at all times.
29. Students who needs further observation and monitoring will be kept in the clinic.
30. Staff may visit the Doctor or Nurse in the school clinic when necessary.

PROCEDURE IN THE EVENT OF AN ACCIDENT OR INJURY

If an accident occurs, then the nearest available adult should be informed. That person will assess the situation and decide on the next course of action, which may involve calling immediately for an ambulance. If necessary, a nurse should be called as soon as possible. In the event that the Nurse assessed the situation as needing immediate medical care, they should continue first aid treatment with the School Doctor.

HEAD INJURIES

A student who suffered from a head injury, however minor, must be brought to the school clinic or the nurse can be summoned to check on the student if necessary. This student will be checked thoroughly and will be monitored in the clinic for at least an hour. The parents will be informed of the signs and symptoms that they should look out for at home.

AMBULANCES

Ambulance can be called by any of the staff if there is a serious medical emergency that they need emergency services.

If an ambulance is called, a nurse or staff in charge should make arrangements for the ambulance to have access to the accident site. Arrangements should be made to ensure that any student is accompanied in the ambulance by a member of the staff if it's not possible to for the parents to come to the school in time.

DEFIBRILLATOR

A defibrillator is kept in the school clinic. The Doctor and Nurse who are BLS certified can use it in emergency situations such heart attack. The person who will use the defibrillator must follow the instructions which the machine gives you step by step e.g. on whether to shock or not.

PROCEDURE IN THE EVENT OF CONTACT WITH BLOOD OR OTHER BODILY FLUIDS

The Doctor, Nurse or staff who's giving first aid should take the following precautions to avoid risk of infection:

1. Cover any cuts and grazes on their own skin with a waterproof dressing;
2. Wear suitable disposable gloves when dealing with blood or other bodily fluids;
3. Use suitable eye protection and a disposable apron where splashing may occur;
4. Use devices such as face shields, where appropriate, when giving mouth to mouth resuscitation;
5. Wash hands after every procedure.

If the health professional suspects that they or any other person may have been contaminated with blood and other bodily fluids which are not their own, the following actions should be taken without delay:

6. Wash splashes off skin with soap and running water;
7. Wash splashes out of eyes with tap water or an eye wash bottle;
8. Wash splashes out of nose or mouth with tap water, taking care not to swallow the water;
9. Record details of the contamination;
10. Report the incident to a nurse and take medical advice if appropriate

REPORTING

All injuries, accidents, illnesses and dangerous occurrences (unless very minor) must be recorded in the First Aid Administered list. This list includes the student's name, class and age; the date, time and place of the event or illness; including the complaint, signs, symptoms and observations noted; as well as any action or intervention done to the student. The details of any accident reported to the school clinic will be recorded in the Accident Report Form.

NOTIFICATION OF ACCIDENTS TO THE PRINCIPAL

11. If the condition of the student is serious and needs to be referred immediately to the hospital or if it's an emergency situation and the ambulance is called, the Principal will be informed right away. Otherwise, the class supervisor will be notified, if the students will be sent to home with or without referral.
12. The Principal must be informed within 24 hours of any accident that has occurred within the premises of the caused, including those caused by foolish behavior of another pupil.
13. If some extraordinary injuries are noted in the student and it is not acquired in the school, the class supervisor should be told immediately for confirmation of where the student may have acquired the injury, and should be made known to the Principal if necessary.

REPORTING TO PARENTS

In the event of accident or injury, the parents must be informed as soon as possible. The parents will also be informed if the student needs to go home or to be referred to a clinic or hospital, as well as any relevant information that they should know regarding their child's health condition.

FIRST AID BOXES

14. First aid boxes are marked with a red crescent or has the "FIRST AID" written on it. It is the school clinic's responsibility to regularly check and refill these boxes.
15. Signs will be displayed indicating the location of where first aid kits can be found.
16. The first aid boxes should only be used by a qualified staff and can be used in the time it takes before the School Doctor, Nurse or ambulance arrives.
17. They can be used for all injuries, minor or major.

SCHOOL BUS

Each of the school's buses has a notably labeled first aid box on board which is readily available for use in good condition.

If a minor incident occurs, the bus supervisor can administer basic first aid if trained. If major incident occurs, they should call the ambulance.

If the situation requires the student to be taken to the nearest Accident and Emergency Department, he/she should be accompanied by a member of staff and that staff should remain with the student until treatment and after-care are given or until the student's parents come.

Any incidence and treatment must be reported to the Principal and to the school clinic upon return to school by the bus supervisor.

OFF-SITE ACTIVITIES

Where activities are arranged outside of the school, staff are advised to take first aid kits to ensure that first aid can be administered should there be a risk of even minor injuries.

FIRST AID & BASIC LIFE SUPPORT (BLS) TRAINING

- ✓ All health professionals working in the school must have a valid BLS certificate during their duty in the school.
- ✓ First aid training should be done for the class supervisors, P.E. teachers, bus supervisors, drivers, and any staff assigned to maintain the safety and security of the students and staff in the school.

4. POLICY ON DIABETIC CARE MANAGEMENT & GLUCAGON ADMINISTRATION

Dubai Health Authority requires schools to take specific actions to ensure that 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

Diabetes requires management 24 hours a day. Students with diabetes must balance food, medications, and physical activity while at school. Medical Staff must coordinate care and educate school staff to provide a safe, therapeutic environment for students with diabetes.

GOAL

Optimal Student Health and Leaning

18. All school staff members should have to know whom to contact for help.

As DHA Requires:

- The Medical Staff requests for an Individualized Health Care Plan and Emergency Health Care Plan from parents duly completed by the child's attending physician. It should be reviewed and discussed by the medical team.
- Annual written authorization for the provision of care from parents and attending outdoor physician.
- Authorization for release and sharing of certain medical information. Serves as conduit for sharing of medical information and communications with parents.
- Develops and updates the student's Individualized Health Care Plan.

The Individualized Health Care Plan must include:

1. Symptoms of hypoglycemia for that student and recommended treatment.
2. Symptoms of hyperglycemia for that student and recommended treatment.
3. Frequency of Glucose Testing.
4. Insulin and Glucagon Orders.
5. What to do at meal and snacks time.
6. What to do before, during or after physical activity.
7. Other aspects of a student's diabetic care at school.

ADMINISTRATION OF GLUCAGON

The School Doctor has primary responsibility for emergency administration of glucagon. It will be administered only with parent's permission if the student passes out, loses consciousness and does not regain it or has a seizure. Ambulance will be called as soon as possible after the attack. Then, the student should be transferred to the nearest emergency center for further assessment.

Students with Diabetes may need

- Unlimited access to water such as use of water bottle in the classroom.
- Unrestricted access to bathrooms.
- Access to food given by parents on a regular schedule.

School should

- Not deny the student access to food.
- Consider food and exercise issues when scheduling physical education and recess.
- Notify parents well in advance of field trips and school activities.
- Develop policies to serve only healthy foods the at school canteen.
- Develop procedures to address the needs of students with diabetes during emergency evacuations or lock-downs including access to medication, food, emergency care.

5. MEDICATION MANAGEMENT POLICY

PURPOSE:

This policy statement is designed to guide school physicians, nurses and management on the administration of medications to children at school. The School need to have policies and plans in place for safe, effective, and efficient administration of medications. The purpose of administering medication is to help each student maintain an optimal state of health to enhance his or her education.

All medicines are drugs. School's policy ensures that these drugs are taken in an appropriate manner and in a safe environment

5.A SCHOOL MEDICATION POLICY

In line with DHA standards, School should develop a clear School Medication Policy understood and accepted by staff, parents and students to ensure that children with medical needs receive proper care and support in a school or other school related settings. This policy should include the administration of the emergency medication, prescribed medication for acute and chronic illness and medication needed that is not prescribed.

5.A1 ADMINISTRATION OF PRESCRIBED MEDICATION FOR ACUTE ILLNESS

19. Medication should only be taken/ administered at school when essential (i.e. detrimental to a child's health if they are not taken during the school day).
20. School and settings should keep prescribed medication in a locked non-portable container and only medical staff have access.
21. A record should be kept for audit and safety purposes.
22. School Doctor & nurses should ensure that the following are complete before administering, i.e. signed Medication Consent Form by parent/guardian. This should be renewed on an annual basis or when there is a change to the prescription. It includes Name of student, Medicine name, Physician name who prescribed medicine, route of medication, time & date of administration, indication of medication, prescribed instructions and dosage with clear expiry dates. This should be kept in students file. Copy of the prescription form.
23. Medications should be provided by parents in the original container and include the prescribes instructions for administration and dosage.
24. School Doctors & nurses should not accept medication that is provided in a different container or if changes have been made to the prescription instructions.
25. Parents are encouraged to administer prescribed and non-prescribed medications at home required by students.

26. For the safety of all students no medication should be sent to the school with your child, learning support assistant or any staff member.

MEDICATION SHOULD BE RETURNED TO THE STUDENTS' PARENTS WHEN:

27. The course of treatment is complete.
28. Medication labels become detached or unreadable.
29. Prescription instructions are changed.
30. The expiry date has been reached.
31. End of school term/ year.

5.A2 ADMINISTRATION OF PRESCRIBED MEDICATION FOR CHRONIC ILLNESS

As DHA Requires:
- The Medical Staff requests for an Individualized Health Care Plan and Emergency Health Care Plan from parents duly completed by the child's attending physician. It should be reviewed and discussed by the medical team.
- Annual written authorization for the provision of care from parents and attending outdoor physician.
- Authorization for release and sharing of certain medical information. Serves as conduit for sharing of medical information and communications with parents.
- Develops and updates the student's Individualized Health Care Plan.

- This policy ensures the safe management and administration of prescribed medication for students with chronic health conditions, while safeguarding the health and well-being of all students.
- At the time of admission, parents/guardians of students with chronic health conditions (e.g., asthma, diabetes, epilepsy, congenital adrenal hyperplasia, severe allergies, etc.) must submit:
  - A detailed medical report from the treating physician, including diagnosis, treatment plan, and any special precautions.
  - A list of current prescribed medications with dosage, frequency, and route of administration.
  - An emergency management plan
- All prescribed medications must be:
  - Provided in the original pharmacy packaging with a clear prescription label stating the student's name, medication name, dosage, and instructions.
  - Within the expiry date.
  - Parents/guardians are responsible for ensuring timely replenishment of medication supplies.
- Parents/guardians must complete and sign the school's Medication Administration Consent Form.
  - No medication will be administered without written parental consent and a physician's order/report.
- Parents/guardians must submit updated medical reports annually or whenever there is a change in the student's health condition or treatment plan.
  - The school health team may request updated documentation from the treating physician when necessary.
- Parent/Guardian Responsibility: Inform the school immediately of any changes in diagnosis, treatment, or prescribed medications.

5.B ADMINISTRATION OF MEDICATION NEEDED THAT IS NOT PRESCRIBED

Nurse should never give a non-prescribed medication unless there is specific prior consent from the parents or she should inform school doctor prior the administration of any medicine.

- ✓ All medication must be appropriate for the age group and be given in line with product specifications.
- ✓ Parents must inform the school of any known allergies, medical conditions and contraindications and this must be kept in the student school medical record.
- ✓ Before administering the medication, staff should check in the student medical record that there are no contraindications to the medication.
- ✓ Whenever possible parents should be contacted prior to administering the medication.
- ✓ Students often present themselves with same complaints for several days but some complaints are necessary to rule out with Scans, X-Rays, Blood Tests etc., so children

should be accompanied to their treating physician with the school Doctor referral paper when required.

5.C ADMINISTRATION OF EMERGENCY MEDICATION

- ✓ Emergency medications are often given by non-oral routes. Some require training to administer.
- ✓ Some medications, such as epinephrine injections for severe allergic reactions or Glucagon for hypoglycemia (low blood sugar), needs to be administered by Trained Nurse or the School Doctor.
- ✓ Individual care plans should be in place for students and staff members whose health conditions may cause them to experience emergencies (e.g. known food or insect anaphylaxis, asthma, diabetes, etc.)
- ✓ Emergency medication needs to be kept safe, secure but quickly accessible in an emergency.
- ✓ The details of this should be included in the School Medication Policy

ADMINISTRATION OF EPINEPHRINE IN ACUTE ALLERGIC REACTION 10 RIGHTS SHOULD BE FOLLOWED BEFORE ADMINISTERING THE MEDICATION

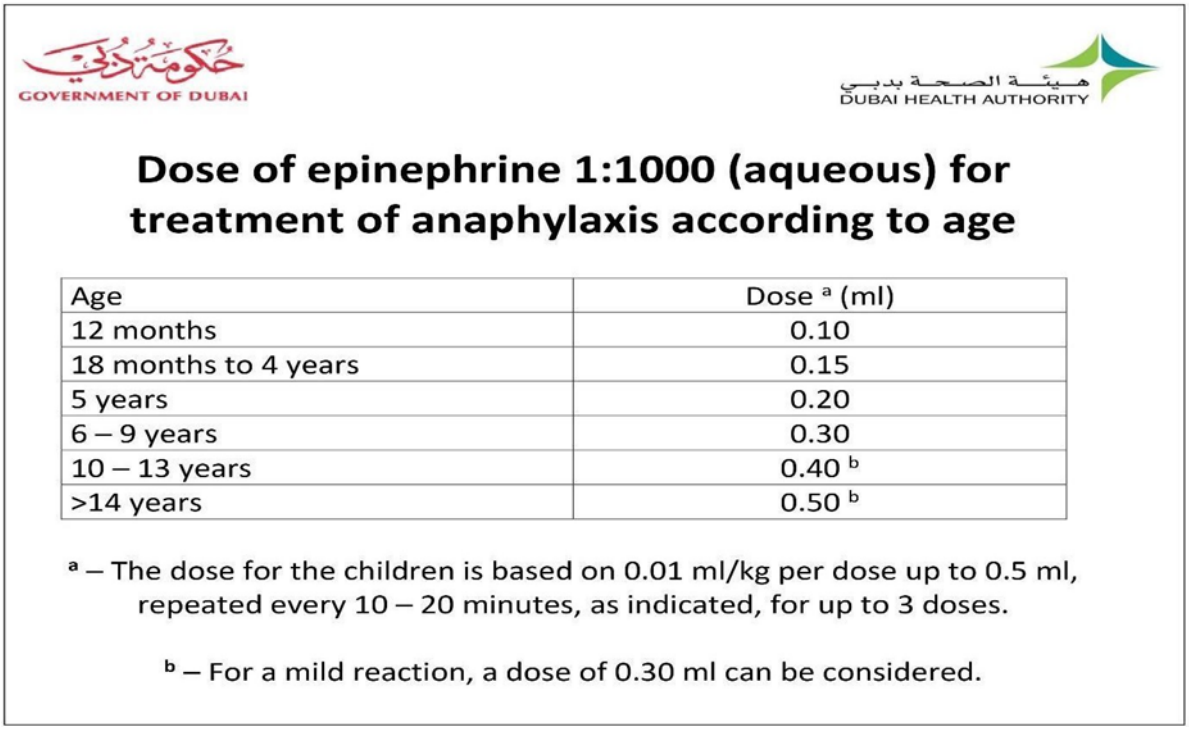
1. Right Drug	2. Right Time.
3. Right Patient.	4. Right Route.
5. Right Dose.	6. Right Reason.
7. Right Documentation	8. Right client education
9. Right to Refuse	10. Right assessment

These will be used all times when administering medicines.

Epi-pens (Epinephrine)

- ➢ Epi-pen is an auto-injector device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction.
- ➢ When the child has signs of an acute allergic reaction, the Epi-pen should be given according to the instructions.
- ➢ The Epinephrine should be readily accessible for use in an emergency.
- ➢ The Epi-Pen should be stored at room temperature and protected from heat and light. It should be kept in the original labeled box.
- ➢ Expiry dates and discoloration of contents should be checked by the school nurse monthly.
- ➢ The use of the Epinephrine must be recorded on the student's medication administration record, with time, date and full signature of the nurse or Doctor who administered epinephrine.

- Once the Epinephrine is administered, an ambulance/ emergency room must be called for follow up and transfer.
- The used Epi-pen should be given to the ambulance crew so that they will know what medication the student has received.
- Student's Epi-pen provided should accompany with parent consent form & filled and signed by the physician and parent/guardian.


حكومة دبي
GOVERNMENT OF DUBAI

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

Dose of epinephrine 1:1000 (aqueous) for treatment of anaphylaxis according to age

Age	Dose [a] (ml)
12 months	0.10
18 months to 4 years	0.15
5 years	0.20
6 – 9 years	0.30
10 – 13 years	0.40 [b]
>14 years	0.50 [b]

[a] – The dose for the children is based on 0.01 ml/kg per dose up to 0.5 ml, repeated every 10 – 20 minutes, as indicated, for up to 3 doses.

[b] – For a mild reaction, a dose of 0.30 ml can be considered.

ADMINISTRATION OF METERED DOSE INHALER (SALBUTAMOL):

- Children with asthma need to have immediate access to their reliever inhalers when they need them.
- Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or too immature to take personal responsibility for the inhaler, nurse should make sure that it is stored in a safe, but accessible place, and clearly marked with the child's name, date of 1st use (if opened), dosage prescribed by his Physician.
- For children with asthma, the child's health care professional must prescribe a spare inhaler to be kept in the school or setting.

- When a child has an asthma attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if any warning signs are identified e.g. (cough, wheeze, if feels hard to breath out, chest feels tight or hurts, breathing faster than
- normal, bluish grey or dusky color of lips and nail beds, Trouble walking, Trouble talking, can't speak in whole sentences, Fast heartbeat or pulse, Nostrils flare when breathing, Quick-relief medications do not work).
- An appropriate inhaler can be provided if the child forgets his own inhaler, or runs out of his own inhaler. A spacer device should be available along with the inhaler.
- Expiry dates of the inhaler should be checked by the school
- nurses monthly. The spacer device needs to be cleaned at least once a month.

RECORD KEEPING

- The Consent to Administer medications needed that are not prescribed Form, must be completed and signed by parents annually.
- Where appropriate, consent to administer prescribed medication should be filled in by the referring physician and signed by both the physician and parent.
- A record should be kept of the administration.
- All forms should be kept in the student's medical file

MEDICATION STORAGE

32. School Nurse should only store, supervise and administer medications that are registered with the DHA.
33. All medications must be stored in the designated medication storage area (cupboard in the nurse office or medication fridge).
34. Storage areas must be kept locked at all times. Keys remain the responsibility of the nurse with special access arrangements when she is not available. Emergency medication, however should be quickly available when needed.
35. Medications should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed.
36. Refrigerator will be for medications only, as well as water, ice and juices for Diabetic students. Its temperature will be kept b/w 2-8 degrees Celsius. Temperature monitoring chart should be attached outside the refrigerator.

MEDICATION MANAGEMENT

The medications are only accessible by the School Doctor & Nurse.

All emergency medications should be readily available for children and should not be locked away but kept in a safe, secure, accessible place.

The school administration and School Doctor must make some special access arrangements for emergency medications that it keeps.

6. EMERGENCY PATIENT TRANSPORT AND REFERRAL POLICY

REFERRAL INTERVENTION GUIDELINES

A referral intervention should minimally:

- Help the student/family appreciate the need for and value of referral
- Account for problems of access such as location, language and cultural sensitivity
- Aid students/families to review their options and make decisions in their own best interests
- Provide sufficient support and direction to enable the student/family to connect with an appropriate referral resource
- Follow-up with students and with those to whom referrals are made to determine whether referral decisions were appropriate.

ACCIDENTS & MEDICAL EMERGENCIES

ACCIDENTS THAT DO NOT REQUIRE HOSPITAL TRANSFER

In the event 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 will assess and stabilize the student.
b) The second responder will contact the Doctor or Nurse and will call administration if emergency services are required.
c) If possible, move the student to a quiet area, once assessed by the Doctor or Nurse.
d) Instruct the teachers to reassure the other students.
e) The student must be kept under adult supervision until recovered or in the care of an appropriate medical serviced, the emergency treatment response protocol form will need to be filled in by Doctor or Nurse and sent with the student.
f) Parents or guardians are to be contacted.
g) The appointed staff member will stay with the student until the parent/guardian arrives.
h) All accidents and emergencies are documented in the accident and incident book in the nurses' clinic and in the file of the student.
i) An Incident Form must be completed by the Doctor and Socialist who saw the incident for documentation which will be signed by the Principal within 24 hours.

EMERGENCIES THAT REQUIRE HOSPITAL TRANSFER

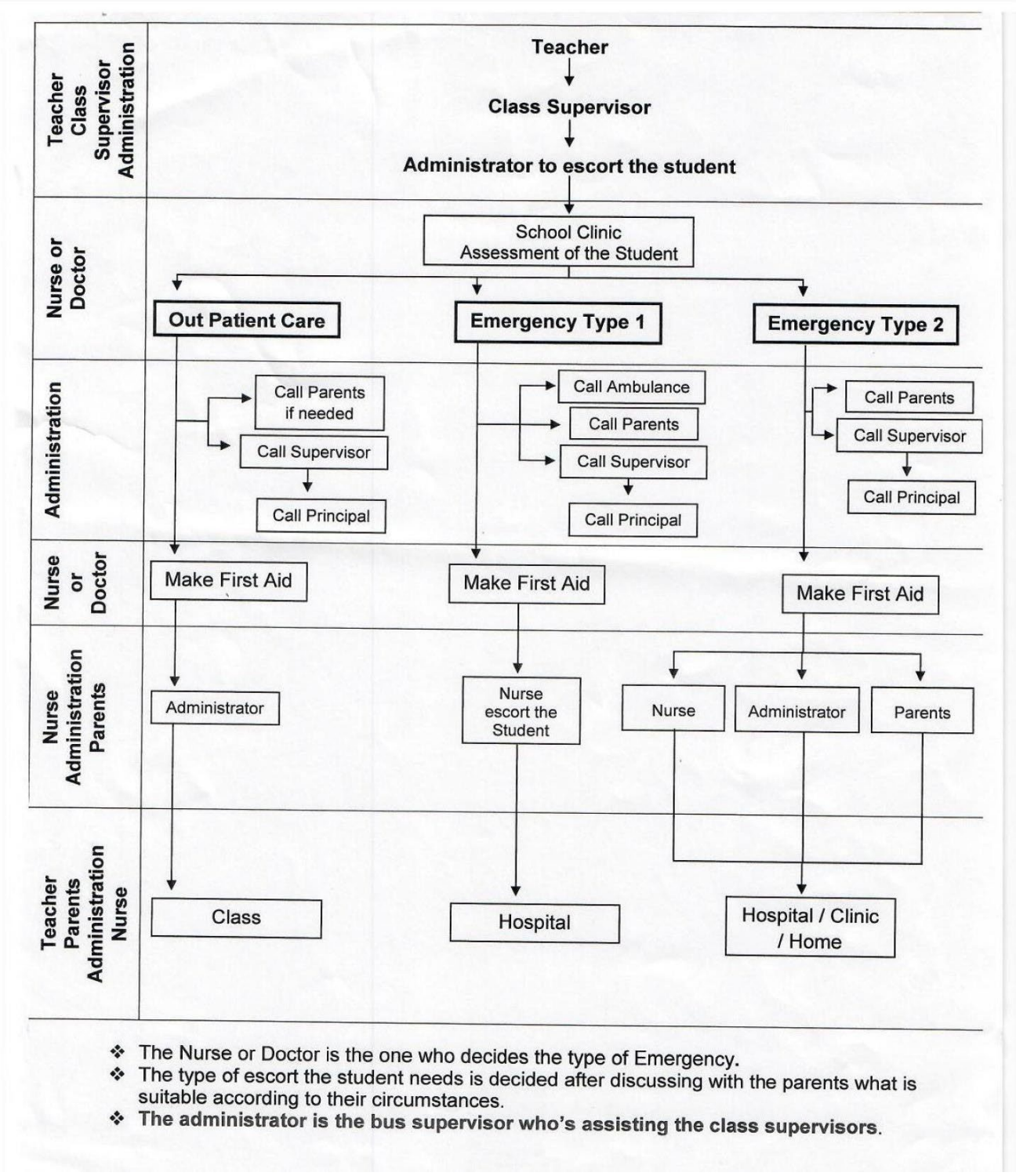
As per the Dubai Health Authority policy, in the event of an emergency when a student needs transfer to a hospital, the following procedure is followed:

- The School Administration should inform parents of the student, and arrange for an ambulance on 998 and the child will be transferred to a hospital as per the
- ambulance's preferences or according to the student's insurance.
- If the school has two nurses, one nurse should go with the student in the ambulance to the hospital.
- If the school has only one nurse, the School Administration should arrange a staff member to escort the child in the ambulance to the hospital.
- If the student needs to be transferred to an emergency facility and no ambulance is available the school nurse, plus a designated driver will transfer the student to the hospital.

EMERGENCY SERVICE

THE FOLLOWING INFORMATION NEEDS TO BE BROUGHT TO THE HOSPITAL WITH THE CHILD:

- The student's name, age, address and telephone number.
- The parents'/guardian's name, address and telephone number.
- Any known allergies and any relevant medical history.
- Date, if possible, of last tetanus immunization.
- An accurate account of the accident.
- Details of any medication and first aid administered in the school.



- The Nurse or Doctor is the one who decides the type of Emergency.
- The type of escort the student needs is decided after discussing with the parents what is suitable according to their circumstances.
- **The administrator is the bus supervisor who's assisting the class supervisors.**

7. FIRE & SAFETY POLICY

INTRODUCTION

Fire drills are a vital part of any working place fire safety.
As important as fire alarms, fire extinguishers and fire safety signs, are significant form of fire protection and aim to protect everyone who works within the building from the devastating consequences of fire.

FIRE RISK ASSESSMENT

- Every school premises must have a full fire risk assessment carried out at regular intervals in order to identify and eradicate any potential fire hazards in the workplace.
- Ensuring that this assessment is performed by a competent person.
- Identify any person who is risk at the time of fire eg. disabled, hearing impairment etc and make plan for their safe evacuation.
- Keep in record past history of fire practices.
- Provide adequate training to the students and employees.
- Make and always review fire risk assessment sheet.
- Plan and review the instructions provided to the students and staff.

TRAINING TO THE STUDENTS & STAFFS

Instructions would be provided to the students & staff about fire precaution annually. Record would be in fire Log Book.

FIRE DRILLS

A fire drill is a simulated emergency procedure which aims to emulate the processes which would be undertaken in the event of a fire or other similar emergency. It involves creating a situation which replicates what would happen if a real fire were to occur, usually with the inclusion of fire alarms, and requires employees, and anyone else who may be within your property at the time, to evacuate.
In essence, a fire drill is a relatively simple procedure. However, there are various things you can do before, during, and after the drill takes place to make sure, it is as effective and as useful as it possibly can be.

FIRE ALARM SYSTEMS

An effective fire detection and alarm system is vital for the ongoing safety of everyone within the premises.

Elite Fire Protection provide a comprehensive range of fire detection and alarm systems including conventional fire alarm systems, analogue addressable fire alarm systems, aspirating fire alarm systems, wireless fire alarm systems and gas suppression systems. Each system can incorporate, heat detectors, smoke detectors, aspirating detectors, manual call points, control panels and sounders, designed specifically to suit each environment in which they operate Fire Alarm systems are tested in our School on quarterly basis.

EMERGENCY AND EXITS

Emergency exits tested weekly & all emergency exits are to be kept clear and free from obstruction at all times.

EMERGENCY EVACUATION PLAN

Every organization, no matter its size, should have a comprehensive fire emergency evacuation plan. The plan should be a written document that covers the actions of staff members in the event of a fire and the arrangements for calling the fire and rescue service.

The plan should highlight the following areas:

- How people will be warned in the event of a fire
- How the building will be evacuated?
- Where the emergency escape routes lead to
- Assembly point/s and final place of safety
- Who is responsible for calling the emergency services?
- The position and provision of firefighting equipment
- The added responsibilities of identified people in the event of a fire (i.e. fire marshals)
- Provisions for the evacuation of people especially at risk (contractors, visitors, those with disabilities)
- (if applicable) PEEPs (Personal Emergency Evacuation Procedure)
- Who is responsible for communicating with the fire and rescue service upon their arrival
- The location of isolation points (water, electrics, gas)
- Who would be responsible for any shut down procedures (such as machinery or appliances) and special arrangements (i.e. removal of cylinders)
- The training required to achieve the above points

Your plans should be simple to understand. Consider what the procedures are for those that discover a fire and for those that hear an alarm.
Remember, your plans should reflect your evacuation strategy.
Finally, if your building is large, complex or across multiple floors it is wise to have a floor plan which highlights your escape plan. It is advisable to have logos on the plan to show the fire exits, assembly point/s, firefighting equipment and fire alarm items such as the panel, call points and detectors. It is also key to highlight stairs, fire doors and if you are aware of the buildings structure, mark where the compartmentation walls are.

8. HEALTH RECORD MANAGEMENT AND RETENSION POLICY

STUDENT MEDICAL RECORDS

37. Defined as a legible, comprehensive and accurate student medical record is maintained for each student.
38. A record that includes information regarding but not limited to:
    a) recent history including chronic illness conditions and treatment plan;
    b) physical examination;
    c) laboratory, screening or imaging reports if needed;
    d) any pertinent progress notes and follow-up as well as any relevant data concerning the student's health.
39. Moreover, it reflects documentation of traumatic injuries and episodes of sudden illness referred for emergency health care, documentation of any nursing assessment completed, documentation of any consultations related to a student's health problems, documentation of the health care provider's orders, if any, and parental permission to administer medication or medical treatment to be given in school.
40. It also records and highlight allergies and untoward drug reactions. For student's with documented anaphylaxis, the parental authorization of a student's treatment for allergies and the physician's order to administer an epinephrine auto-injector shall be entered into the student's health record.
41. Immunization record and status of the students, which includes pre-school immunization and vaccines that are taken in the school as per the DHA guideline.
42. Discussion with student concerning the necessity, appropriateness of treatment as well as discussion of treatment alternatives, should be incorporated into a patient's medical record including all documentation of executed informed consent.

STORAGE, HANDLING & RETENSION

43. The records must be stored in a filing cabinet with locks and conveniently accessible. It should be organized in a consistent manner that facilitates continuity of care.

44. Whenever a student transfers to another school at any grade, the cumulative school health record is transferred at the same time to the health personnel of the school to where the student will be transferring or it can be handed to the parent / guardian as appropriate.
45. The school medical 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.
46. Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:
    a. Secure records at all times, including confidentiality safeguards for electronic records.
    b. Establish, document and enforce protocols and procedures consistent with the confidentiality requirements.

9. STAFF ORIENTATION & TRAINING PROGRAMME

PACE SPRINGFIELD INTERNATIONAL SCHOOL uphold the excellence of the Guidelines and Policies of the Dubai Health Authority. The school has one part time doctor & two full time nurse.

DOCTOR

The doctor licensed from the Dubai Health Authority has duties as follows:

Duties

47. Complete check-up of the students when joining the school.
48. Coordination the vaccination of the students against contagious diseases.
49. Prepare a standing medication order.
50. Conduct the routine checkup as per DHA standard.
51. Conduct health education for the students.
52. Support the school staff in implementing safety and security at the school.
53. Support the school Difficulties of Study Department.
54. Supervise the environment checkup team

NURSE

School shall hold a DHA license registered nurse with working experience. There should be one full time school nurse for every 750 students.

Responsibilities

55. Support the school staff in implementing the school health activities.

56. Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition in the school clinic.
57. Assess needs of students (examine/observe/measure vital signs) who require first aid care and administer proper care.
58. Refer to the School Doctor for advice when needed.
59. Inform parents, through the school authorities, about the student's condition.
60. Transfer the student to the Accident/Emergency of the nearest hospital in case of two nurses are available in the school.
61. Provide privacy to the student during medical examination.
62. Monitors students who are frequently absent from school due to health related problems.

Coordinate with classroom teachers to:

- ✓ Observe and report student with unhealthy practices.
- ✓ Refer promptly student who are showing signs of visual, hearing and learning difficulties to Difficulties of Education Department.
- ✓ Inform School Doctor on duty about student with fever, rashes or unusual behavior.
- ✓ Report to the administration about presence of potential hazards in the classroom.
- ✓ Motivate student to enhance healthy practices.
- ✓ Report sanitary and safe environment deficits to the school administration.

63. Measure height and weight of students and calculate BMI on an annual basis for all students.
64. Refer to the school health doctor students whose growth and development measurement show deviation from normal.
65. Help in conducting health education sessions to meet the learning needs of students.
66. Help School Doctor in planning and conducting the immunization schedule of every student as per guidelines in immunization.
67. Update knowledge, skills and practices related to school health requirements.

SCHOOL NURSE ABSENCE

68. In the event that the school nurse is sick and the clinic is left without a nurse for the day, DHA have to be notifies of the clinic being closed. Nursing staff are to notify the HR and Principal at the earliest convenience so they can try to locate a replacement.
69. If agency nurses are to be used, the facility must provide the health regulation department of DHA with an official letter including the following details:

- Name of the nurse on leave / absence
- Name of the temporary nurse
- Name of the supplier and recipient facility (with supplier NOC or contract), If available

- Medical malpractice insurance

70. Final granted approval is valid for one month from the date of issue.

71. The health regulation department can be reached either via email through *regulation@dha.gov.ae* or by phone through these phone numbers: 04 5022901 / 04 5022296 / 04 5024010 / 04 5024012 / 04 5024026.

ORIENTATION OF NEW HIRE SCHOOL NURSE

The management of PACE SPRINGFIELD INTERNATIONAL SCHOOL should provide training and orientation to all newly hired personnel regarding the School and Government Policies dealing with roles and obligations of the employees.

In the school clinic orientation, this procedure follows:

72. When a new nurse commences in the clinic it is ideal that there is at least two-week or one-month handover period.
73. Outgoing staff or current staffs are to train the new hire.
74. For the first week new staffs are to review policies, DHA clinic regulations and guidelines to ensure they have a firm knowledge base prior to treating students.
75. Support will be provided from the other staff of the school clinic, HR, and the school principal as needed.
76. A review will be completed after 3 months of employment to see if the employee has met conditions of the probationary period.

TRAININGS

The Medical Team and the other school employees are given Professional Development days to undergo training and meetings in improving their expertise and knowledge in their field.
The Medical Staff are compulsory to take the Basic Life Support & Advanced Cardiac Life Support Training as part of their licensing requirement, thus it is necessary to follow-up the validity of their BLS & Provider Certificate which is renewed every two years.
The School Management should also support First Aid Training to non-medical staff and carefully choosing these personalities to be equipped during emergencies. These staff members are strategically located and respectively covering every area of the school.

10. IMMUNIZATION POLICY

Students should be prepared for vaccination with consideration for their age and stage of development. Parents /guardians and patients should be encouraging to take an active role before,

during and after the administration of vaccines. The school clinic shall observe and abide by the immunization guidelines developed by DHA.

IMPLEMENTATION OF VACCINATION PROGRAMME

- The Medical Director will process the contract with DHA for the implementation of the vaccination program in the school and ensure that the clinic has all the necessary requirement needed to maintain its Vaccine Qualified Clinic (VQC) status.
- Doctor will plan at the beginning of the school year for the campaign and an annual expected vaccines according to the target population is sent by School Nurse to DHA using Form 1 at the start of the year which reflects the estimated vaccines needed every month during the school year.
- Immunization Program Information will be sent to parents. If parents agree, they must complete the consent form and return it along with the original vaccination card, as well as the previous school's medical record reflecting the vaccines taken by the student if applicable.
- Form 2 is sent to DHA at least 2 weeks before the campaign, which states a more specific number of vaccines needed and other supplies needed for vaccination, together with the Principal Letter.
- The Medical Team shall then prepare all the files for the vaccination for checking and should complete all the needed also after. All the students should already be enrolled in HASANA.
- The Medical Team will then create an event in the HASANA and should inform the DHA team of these as well as send a list of the expected students who will take the vaccine through Form 3, which is the actual consumption of the vaccines, before the day of the vaccination.
- The clinic should be prepared on the day of the vaccination. There should be enough space for the monitoring of the students after vaccination. Since, the DHA Team will be the one to secure the vaccines as well as handling of its logistics, the Medical Team should assist them during the implementation.
- If any adverse reactions occur, proper management should be done and must be documented on the student's file and an adverse reaction form should be filled. The parents should be informed as soon as possible of the case.
- A notification form is sent to the parents after the child received vaccination, indicating the vaccination received by the child.

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 reaction. Students are to be monitored in the clinic for up to 30 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, original cards, and on the student's medical file immunization booster record.

Vaccines are only 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.
    a) If original Vaccination Card is available.
    b) Previous File from the other school if newly transferred.

Vaccination Process and Supervision:

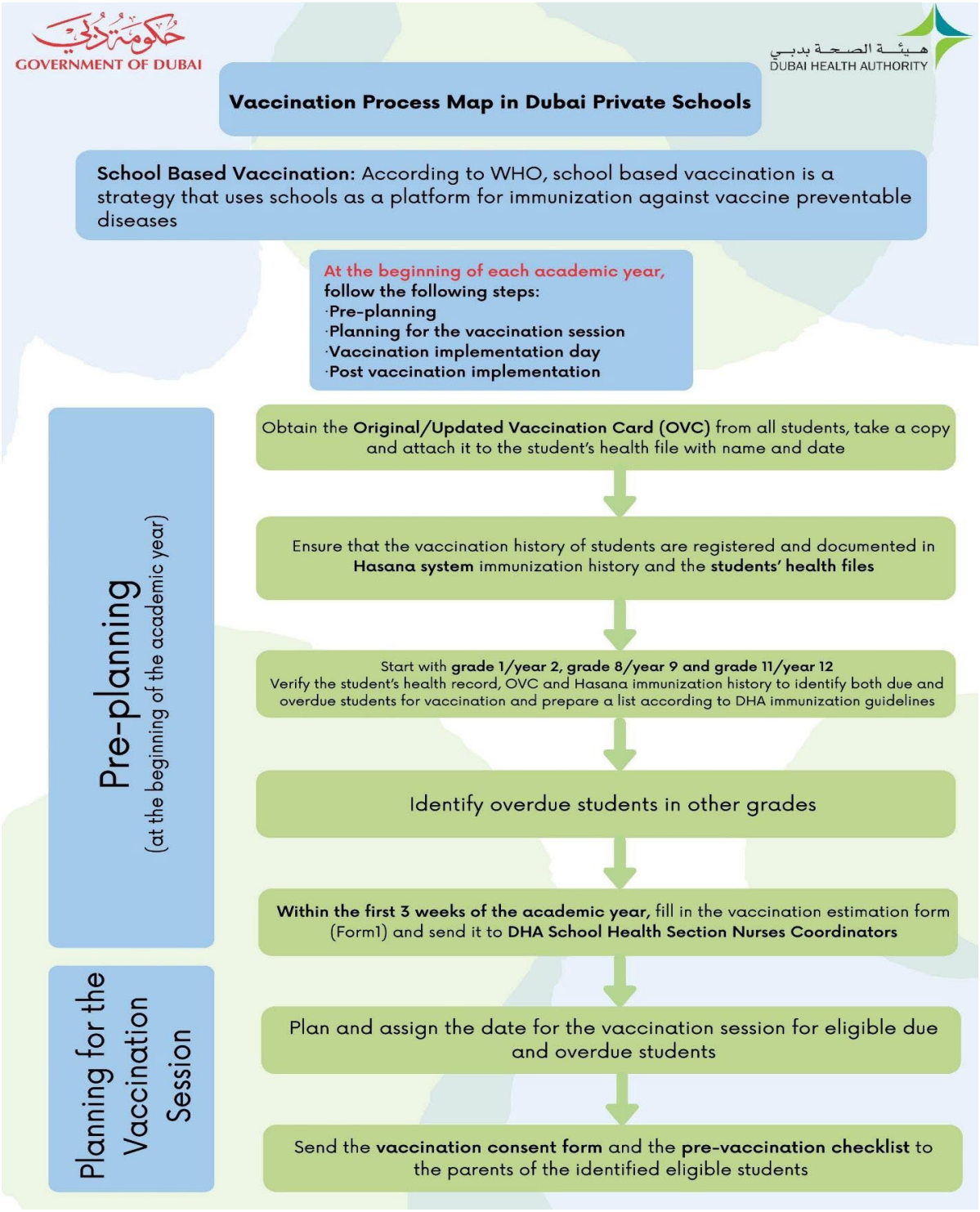
- To maintain organized supervision and ensure equal treatment of all students, parents and guardians are not permitted to attend or accompany students during the school vaccination sessions.
- This policy supports efficient student transitions, the maintenance of strict infection control measures, and the safety & privacy.
- Clinical supervision will be strictly managed by the authorized school medical team and healthcare professionals; students will remain under their direct observation throughout the entire procedure.

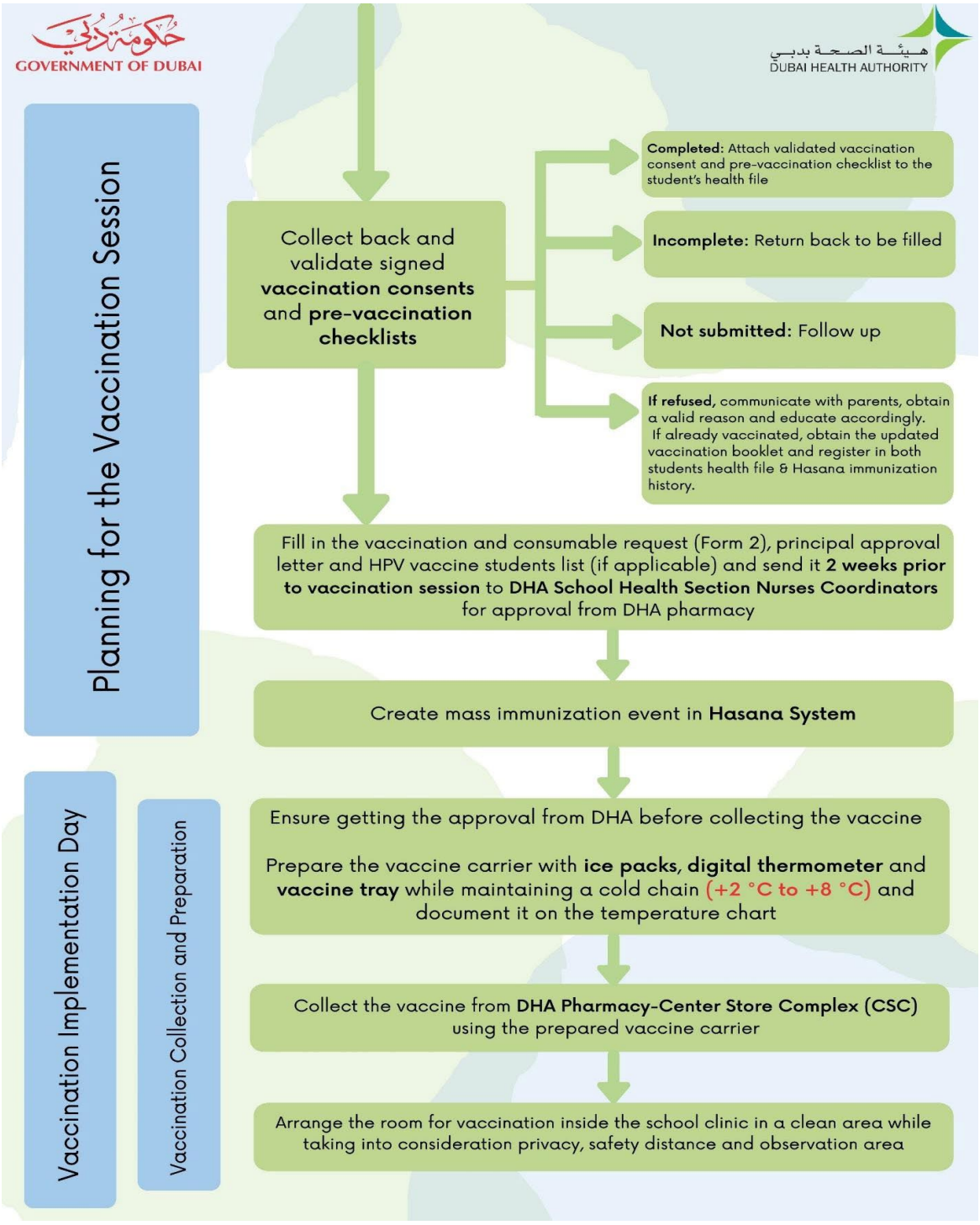
SCREENING

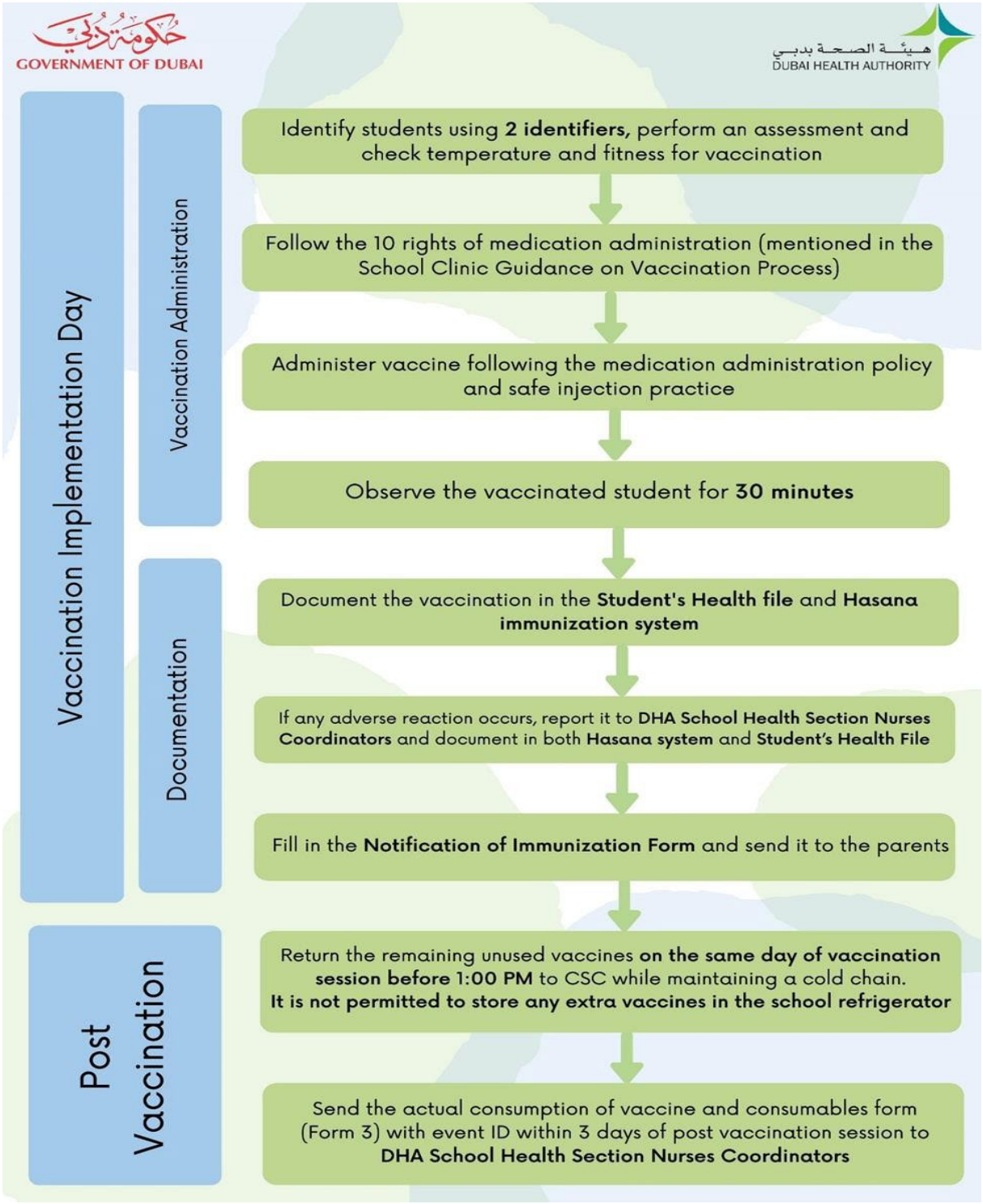
- ✓ All students should be screened for contraindications and precautions for each scheduled vaccine.
- ✓ Parents shall submit updated vaccination documents (i.e. original vaccination card or old file from previous school if newly transferred which show the vaccines received by the student from Grade 1 to the student's recent grade) to the clinic for record purposes prior to the start of the school.
- ✓ Immunization will be conducted in the presence of DHA doctor.

- ✓ Students shall be screened for contraindications and precautions for each scheduled vaccine.

Immunization program information will be sent to parents in advance and those who agree must submit a completed consent form.




GOVERNMENT OF DUBAI
DUBAI HEALTH AUTHORITY
Planning for the Vaccination Session
Collect back and validate signed **vaccination consents** and **pre-vaccination checklists**
Completed: Attach validated vaccination consent and pre-vaccination checklist to the student's health file
Incomplete: Return back to be filled
Not submitted: Follow up
If refused, communicate with parents, obtain a valid reason and educate accordingly. If already vaccinated, obtain the updated vaccination booklet and register in both students health file & Hasana immunization history.
Fill in the vaccination and consumable request (Form 2), principal approval letter and HPV vaccine students list (if applicable) and send it **2 weeks prior to vaccination session** to **DHA School Health Section Nurses Coordinators** for approval from DHA pharmacy
Create mass immunization event in **Hasana System**
Vaccination Implementation Day
Vaccination Collection and Preparation
Ensure getting the approval from DHA before collecting the vaccine
Prepare the vaccine carrier with **ice packs, digital thermometer** and **vaccine tray** while maintaining a cold chain (+2 °C to +8 °C) and document it on the temperature chart
Collect the vaccine from **DHA Pharmacy-Center Store Complex (CSC)** using the prepared vaccine carrier
Arrange the room for vaccination inside the school clinic in a clean area while taking into consideration privacy, safety distance and observation area



11. INFECTION PREVENTION AND CONTROL POLICY

- The school reserves the right not to admit any student onto the premises who appears to be suffering from an infection or contagious disease. A student who is unwell on arrival to the school will be sent home to minimize the risk of cross infection.
- Any student who has any of the following symptoms should be seen by a physician or remain at home until fully recovered.
- If a student develops any contagious symptoms or any following illness during school hours, the parent/ guardian will be immediately notified to collect the child from the school. The student will not be sent home by bus to prevent potential exposure to other students.
- Fever – must not return to school for 24 hours after fever has resolved without medication.

1. Diarrhea / Vomiting
2. Eye or ear discharge.
3. Red eye.
4. Rash of unknown origin.
5. Ring worm.
6. Known contagious infections.

- All students must be symptom free prior to returning to school.
- Parents / guardians are required to contact the school if their child will be absent for a period of time.
- Any parent requesting any medical or health information will be referred to the School Doctor.
- If a student needs to be assessed by the Doctor or Nurse during the school day they must have permission from their class teacher and class supervisor to come to the clinic bringing with them a pass to go to the nurse.
- If the students need to go home, their parents will be informed to collect them at the school. Only immediate family members are allowed to get the students in the school with Gate Pass.
- Children diagnosed with communicable disease may come back to school provided they are symptom-free and have medical certificate given after a follow-up from his/ her physician and was checked by the School Doctor or Nurse and a Medical Certificate copy should

kept in the student's file and the original should be sent to the class supervisor.

DHA list of communicable diseases are as follows but not limited to the following;

Disease Or Condition	Incubation Period	(Approximately) Exclusion of Cases	Exclusion of Contacts
Chicken pox From two to three weeks;	usually 13-17 days	Exclude from school until vesicles become dry, or 10 days from appearance of rash.	Not excluded
Conjunctivitis		Until discharge from eyes has ceased	Not excluded
Diphtheria	Two to five days	Until cultures are negative, until receipt of a medical certificate of recovery from infection.	Domiciliary contacts excluded until investigated by medial officer and shown to be clear of infection
Giardiasis (diarrhea)	One to three weeks or longer; or average 7 to 10days	Until diarrhea ceases	Not excluded
Hepatitis A	Fifteen to fifty days; the average twenty eight to thirty days	Exclude from school or work for one week after the onset of illness or jaundice. Until receipt of a medical certificate of recovery from infection or on subsidence of symptoms.	Not excluded
Hepatitis B	Sixty to ninety days; the range is forty five to one hundred eighty days	Until recovered from acute attack	Not excluded
Impetigo (School sores)	Varies	Until sores have fully healed. The child may be allowed to return earlier provided that appropriate treatment has commenced, and that sores on exposed surfaces (such as scalp, face, hands or legs) are properly covered with occlusive	Not excluded

		dressings.	
Measles (Rubella)	Approximately ten days, but varies from seven to ten days and may be as long as fourteen days until the rash appears	Until at least five days from the appearance of rash, or until receipt of medical certificate of recovery from infection.	Non-immunized contacts must be excluded for thirteen days from the first day of appearance of rash in the last case unless immunized within 72 hours of contact.
Meningococcal Infection	Commonly three to four days, but can vary from two to ten days	Until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from school or child care until they have received appropriate chemotherapy for at least 48 hours.
Meningitis (Viral, Aseptic)	Varies with specific agent		
Mumps	Twelve to twenty five days; commonly eighteen days	Exclusion from school, child care or workplace until nine days after the onset of swelling. Until fully recovered.	Not excluded
Pediculosis (Head lice)		Until appropriate treatment has commenced.	Not excluded
Pertussis (Whooping cough)	It is commonly seven to ten days; rarely more than fourteen days.	Until two weeks after the onset of illness and until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from attending a children's services centre for twenty one days after last exposure to infection if the contacts have not previously had whooping cough or immunization against whooping cough.
Poliomyelitis / Acute Flaccid Paralysis (AFP)	Seven to fourteen days; the range is three to thirty five days for paralytic cases	Exclude from schools and children's settings until at least fourteen days after onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded

Rubella (German Measles)	Sixteen to eighteen days	Exclude from school for at least five days after onset of the rash	Not excluded
Scabies	Two to six weeks before itching occurs in a person not previously infected If a person is re-exposed it is one to four days.	Until appropriate treatment has commenced.	Not excluded
Shigellosis (Diarrhea)	From twelve hours to four days (usually one to three days)	Until diarrhea ceases	Not excluded
Streptococcal infection including Scarlet Fever	One to three days	Exclude from schools and children's settings until a medical certificate of recovery from infection has been obtained	Not excluded
Trachoma	Varies	Until appropriate treatment has commenced.	Not excluded
Tuberculosis	From infection to the primary lesion or significant tuberculin reaction; about four to twelve weeks.	Until receipt of a medical certificate from a health officer of the Department that child is not considered to be infectious.	Not excluded
Typhoid Fevers	One to three weeks (depending on the infective dose from three days to three months)	Until receipt of a medical certificate of recovery from infection.	Not excluded unless the medical officer of a health of the Department considers exclusion to be necessary.

12. NOTIFICATION OF PARENTS POLICY

FOR URGENT / EMERGENCY CASES

77. Parents will be informed verbally by phone. They will be given information about the
78. student's health such as advice of any occurrence that requires immediate attention, as well as on any medication or treatment administered.
79. Referral form from DHA will be completed and will be sent with the student by Doctor or Nurse.
80. Communicable Diseases which needed exclusion will be sent home immediately. The school Medical Team is in constant communication with DHA in order to disseminate accurate information in cases of any communicable diseases so parents can be notifying in accordance to the DHA.

FOR NON URGENT CASES

81. Clinic staff may contact parents if they need to obtain some information about the child or inform child's parents about administering medication or other treatments.
82. Parents will be informed immediately if their child is unwell and needs to be collected from the school as soon as possible. The parents must collect their child as a matter of priority.
83. The school clinic is not designed to provide the comfort and quiet that is needed during an illness.
84. Clinic staff can be contacted by telephone in case of emergency or email can be sent to the school doctor.
85. Notification to Parents Form from DHA should be filled if the student has been found out to have any health problems during the annual medical exam or during any other health screenings conducted in the school.
86. Prescriptions and referrals are also given to the students for the parents if needed
87. Notifying the parents shall be documented in the student medical record or in the first aid list kept at the clinic to help in improving the follow-up process for the student.

13. HEAD LICE POLICY

- While parents have the primary responsibility for the detection and treatment of head lice, the Medical Team works in a cooperative and collaborative manner to assist to manage head lice effectively.
- No routine lice checks needed. There is no requirement for the schools to undertake routine "head lice inspection" programs. However, if a case of suspected head lice is reported to the school nurse a head inspection is carried out.
- If the teacher suspect, the nurse and doctor should check to confirm.
- Head lice and nits can be visible with the naked eye, it is 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 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.
- Only exclude children from school with live lice.
- No need to send students who were infested immediately home from school.
- Send students home at the end of the day with a notification form from the school nurse if the student is confirmed to have a head lice.
- Children found to have nits are allowed to come to school.
- Children are allowed back in school with nits provided they've been treated with a medicated shampoo to remove lice.
- Repeat treatment one week after the first shampoo to ensure that any bugs that hatch from the eggs which treatments don't destroy will be eradicated.
- Students with live adult head lice should receive treatment before they return to school.
- If a parent opts out of allowing the nurse to examine their child, they must however collect the child as requested and have the child examined by another medical practitioner.
- The child can return to school once a medical note is provided from a doctor stating that the child is now clear of live head lice.
- To support parents to achieve a consistent, collaborative approach to head lice management, the school will undertake to:
    - ✓ Distribute up to date and accurate information on the detection, treatment and control of head lice to parents and staffs as requested.
    - ✓ Include information and updates in school newsletters.

14. ALLERGY MANAGEMENT POLICY

The Nurse with the help of Doctor will organize a school allergy list which consists of confirmed cases of students with severe allergies. It will then be given to the teaching staff, admin staff and supervisors. It will include specific information about their allergy and their symptoms and a photo of the student.

MANAGEMENT OF LIFE-THREATENING FOOD 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.
- ✓ In case a student is diagnosed with any severe allergies, parents are asked to submit an EpiPen auto-injector to store at the clinic and also other necessary anti allergic medications.
- ✓ An emergency response treatment protocol will be completed for all students with life threatening allergies. A copy will be given to the parent / guardian. The protocol will be reviewed annually to ensure that it is still current.
- ✓ The parents are requested to provide an Individual Health Care Plan from their doctor and will be attached to the child's life.

Individual Health Care Plan will include:

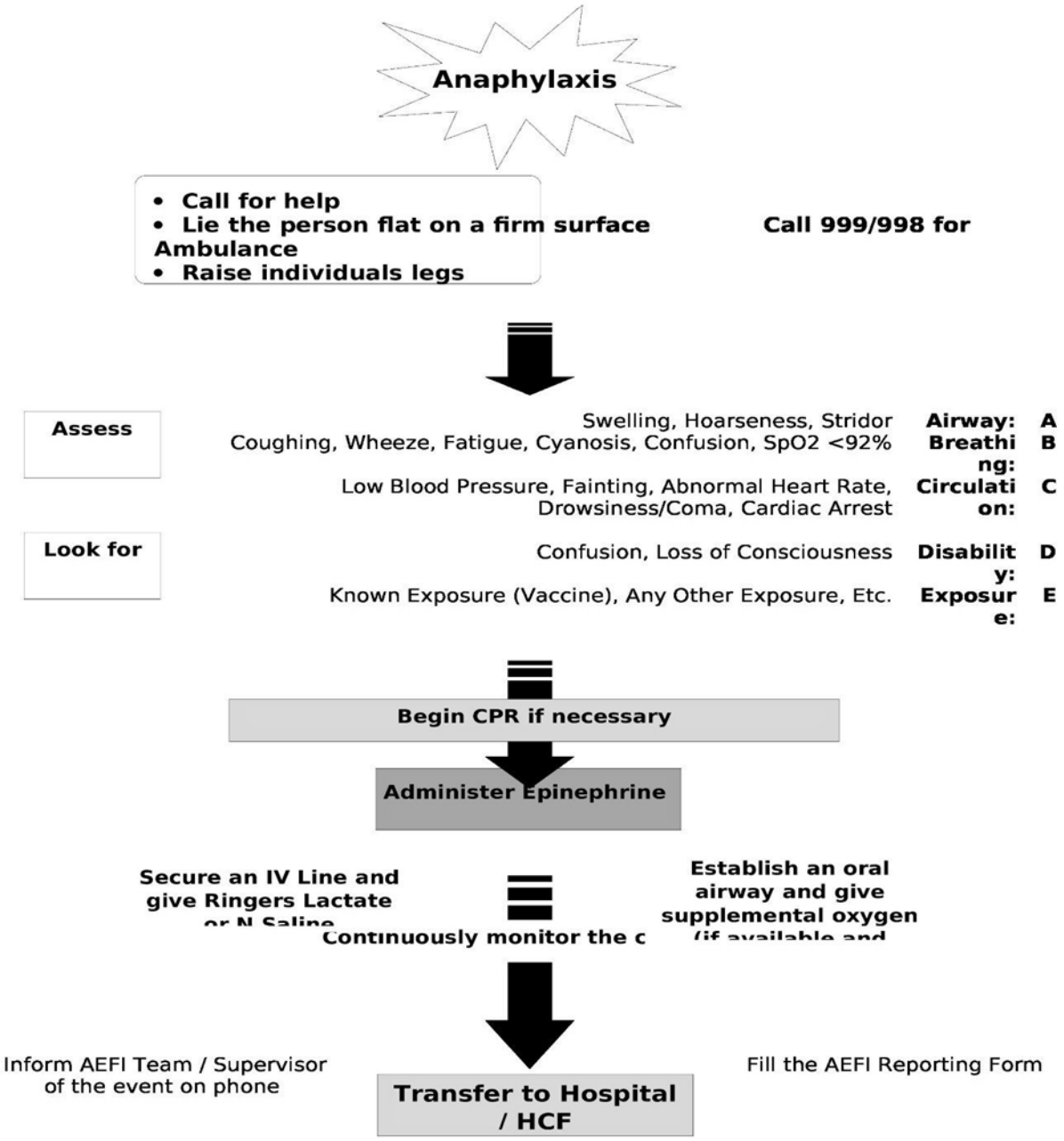
- Specific information about the student's allergy includes complete list of food which the child is allergic to, possible symptoms of the student's allergic reaction, allergy test results, etc., which is taken from his/her treating physician.
- A plan for transport to the nearest emergency facility.
- Telephone number for parents and alternate emergency contacts.
- Student's photo.
- Authorization and direction for administering emergency medications.
- Treatment protocol form will include parental authorization for emergency protocol.
- Emergency medication will be stored, in a location which is known to all staff.

Epi-Pens are only designed to give you a grace period to seek medical help. From the time of injection, you have 15 minutes to get an ambulance or get to an emergency facility.

SAFE CLASSROOM MANAGEMENT FOR CHILDREN WITH ALLERGIES

- ✓ Students with allergies must only eat the food they bring from home.
- ✓ Trading and sharing food is not permitted.
- ✓ Students are reminded not to share cups and straws.
- ✓ Hand washing is required before and after eating.
- ✓ Desk and other eating surfaces are kept clean after food.
- ✓ Avoid carrying nuts or product which is made of nuts to school.
- ✓ Restrict the amount of deep-fried food and processed food.
- ✓ During planned school trip, the clinic ensures that the Nurse and/or the escorting teacher carries the EpiPen auto-injector and is trained to use it when necessary.
- ✓ Information regarding the student's allergies is kept in the file of each staff members privately.

Algorithm for Anaphylaxis during SIA in Dubai



15. EPILEPSY POLICY

Epilepsy is the most common serious neurological condition. It is defined as having a tendency to have seizures. A seizure happens when the nerve cells in the brain stop working in harmony. When this happens the brain's messages become temporarily halted or mixed up. A child with epilepsy has recurrent seizures, unless the seizures are controlled by medicine.

Some children have epilepsy as a result of damage to the brain. This may have been due to injury before, during or after birth, and is known as symptomatic epilepsy. Some have an inherited tendency to have epilepsy. This is known as idiopathic epilepsy.

SEIZURES

A seizure can either affect part of the brain or the whole brain. There are around 40 different types of seizure. Depending on whether a seizure affects the whole or part of the brain it is called either generalized or partial.

88. **Generalized seizures** – affect the whole, or a large part, of the brain and result in a loss of consciousness, which may be very brief, or may last several minutes.
89. **Partial seizures** – only affect part of the brain and only partly affect consciousness.

THE MOST COMMON TYPES OF SEIZURE SCHOOL STAFF WILL COME ACROSS ARE AS FOLLOW:

1. **Tonic- clonic seizures**

   Children who have tonic- clonic seizures (previously known as grand-mal) lose consciousness and fall to the ground. Their body goes stiff and their limbs jerk. Saliva may appear around the mouth and the child may be incontinent. When their seizure is over, their consciousness returns, but may be very confused and tired. It's important to stay with them at this point, to make sure they are alright.

2. **Absence seizures**

   Absence seizures are most common in children between the ages of 06 and 12 years old. During an absence seizure (previously known as petit-mal) the child will briefly lose consciousness but will not lose muscle tone or collapse. They will appear to be daydreaming or distracted for a few seconds. While these episodes may seem unimportant, they can happen hundreds of times a day. This can cause the child to become confused about what is happening around them.

3. **Complex partial seizures**

   These occur when only a portion of the brain is affected by excessive electrical discharge. There may be involuntary movements such as twitching, plucking at clothing or lip smacking. The pupil may appear conscious but be unable to speak or respond during this form of seizure.

4. **Myoclonic seizures**

   When a child has a myoclonic seizure the muscles of any part of their body jerks. These jerks are

   common in one or both arms and can be a single movement or the jerking may continue for a period of time. Myoclonic seizures happen most often in the morning, and teachers need to bear in mind that a child may be tired or lack concentration if they start school after having one of these.

5. **Atonic seizures**

   Atonic seizures cause a child to lose muscle tone. When this happens the child falls to the ground without warning. This can result in injuries to the face and head.

TRIGGERS

A trigger is anything that causes a seizure to occur, in someone who already has a predisposition. There are many different triggers, but some are more relevant to school settings than others. This can include the following situations.

When a child first starts school, or changes class, they may be excited or anxious. Both of these emotions can trigger seizures.

When a child or young person is preparing for exams, they may become stressed or not sleep properly. Stress and lack of sleep can be triggers for seizures.

Some children with epilepsy may be entitled to extra time or support in exams because their epilepsy affects their ability to function at the same level as their classmates. If a teacher

thinks this may be the case, they should speak to the child's parents and, if possible, to his/her Physician.

PURPOSE OF POLICY

It is essential for school to have an epilepsy policy. Epilepsy Action believes that all children with epilepsy should be given the same opportunities to achieve their full potential. They should be able to enjoy the same level of participation in school life as their friends and classmates.

MANAGEMENT

First aid for the student's seizure type will be included on their IHP (INDIVIDUALIZED HEALTH CARE PLAN). The following procedure giving basic first aid for tonic-clonic seizures will be prominently displayed in all classrooms.

1. Stay calm.
2. If the child is convulsing then put something soft under their head. Send other children away from the scene.

3. Protect the child from injury (remove harmful objects from nearby).
4. NEVER try and put anything in their mouth or between their teeth.
5. Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call 998.
6. When the child finishes their seizure stay with them and reassure them.
7. Do not try and move the child unless they are in danger.
8. Do not try and restrain the child.
9. Do not give them food or drink until they have fully recovered from the seizure
10. Aid breathing by gently placing the child in the recovery position once the seizure has finished.

Sometimes a child may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment.

LEARNING & BEHAVIOUR

Children with epilepsy can have special educational needs because of their condition. Following the initial meeting, staff will be asked to ensure the pupil is not falling behind in lessons. If this starts to happen the teacher will initially discuss the situation with the parents. If there is no improvement, then discussions should be held with the school's special educational social worker and the school Doctor.

If necessary, an Individual Educational Plan will be created and if Social Specialist thinks it appropriate, the child may undergo an assessment by an educational or neuropsychologist to decide what further action may be necessary.

SCHOOL ENVIRONMENT

Schools and teachers can go the extra MILE for young people with epilepsy by:

- ✓ Monitoring achievement and behavior.
- ✓ Keep careful and appropriate records of students with epilepsy. Changes in behavior or levels/rates of achievement can be due to epilepsy and should be recorded. Tackle any problems early. Avoid isolation and allow students to take a full part in all outings and activities. Make necessary adjustments e.g. exam timings, coursework deadlines, timetables.
- ✓ Liaising fully with parents and health professionals.
- ✓ Let parents know what is going on in school, Ask for information about a student's health care - it helps you to fully meet their needs.
- ✓ Ensuring staff are epilepsy aware.

Raise awareness across the whole school community - provide information to students, parents and staff. During School Bus travel the student should have special consideration in the bus seating always provide the front seat with bus Supervisor & drop off the student early if he feels unwell & at same time inform the parents via phone call. If in bus student develop seizure call 998 immediately.



GOVERNMENT OF DUBAI

DUBAI HEALTH AUTHORITY

Public Health Protection Department- School Health Section

Individualized Health Care Management in School (IHP)

Student Full Name: _____ D.O.B._____ Sex: ☐ Male ☐ Female

Name of school: _____ Grade:_____ Academic Year (/)

Student ID:_____

Hasana ID:_____

Emirates ID:_____

Medical Condition: _____

Special precautions: _____

Allergies: _____

Treating physician Details:

Name: _____

Workplace: _____

Contact No:_____

School Medical staff Details:

Name:_____

License ID No & Signature:_____

Date of Assessment: _____

I acknowledge that I have read, understand this plan, and agree on its implementation. I understand that this plan is valid for one academic year, unless there is any changes in my child's health status.
I will notify the school immediately if there is any changes in my child's health status.

Parent/ Guardian name:_____Signature:_____Phone: _____Date:_____

Assessment data	Nursing diagnosis	Goals	Nursing interventions	Expected outcomes

ID	Issue#	Issue Date	Effective Date	Revision Date	Page#
CP_6.2.14_F03	01	Jul 01, 2020	Sep 01, 2020	Jul 01, 2023	1/1

16. CHILD PROTECTION POLICY

Ensuring the student's safety in school and providing a precise documentation is the structure in which Springfield International School, address all matters pertaining to safeguarding children. Staffs are kept informed about child protection responsibilities and procedures through induction, briefings and awareness training.

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

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

All action regarding this matter is taken using the following as guidance: The Local Safeguarding Guidelines and Local Child Protection Procedures, in accordance to the Child Rights Law Wadeema's Law which was passed by the Federal National Council on December 2015. A copy of these documents should be kept by the Child Protection Officer. The policy was developed by the education sector regulator in response to UAE Federal Law No 3 of 2016 on Child Rights, which was implemented in April.

PURPOSE

Child protection is defined as all measures, steps and actions that must be taken to protect students from risks that may cause harm or injury while they are in

the school's care, travelling to and from the school using school transport, and moving between, waiting for, and taking part.

The purpose of this CPP is to imbed a culture of child protection that consistently safeguards and promotes the well-being of children.
The safety, protection and well-being of all students is of fundamental importance to The Springfield International School. The School is committed to creating an environment where children are safe.

CHILD PROTECTION CORE GROUP

The Child Protection Co-coordinators will call together the Core Group, as appropriate, who will consider all or any evidence gathered and decide on the action to be taken.

The Core Group will consist of the Principal, the School Counsellor and the School Doctor and the Nurse.

BUILDING RELATIONSHIPS WITH STUDENTS

This can be done by:

- ✓ Consulting with students
- ✓ Providing an appropriate environment
- ✓ Supporting learning in class
- ✓ Encouraging students to have positive relationships with peers
- ✓ Building good student/teacher relationships

THE ROLE OF THE CORE GROUP

- ❖ To make all staff aware of the school's policy
- ❖ To liaise with outside agencies such as counsellors and psychologists.

- To ensure that there is a format for the recording of incidents, that procedures are followed and records maintained.
- To make referrals and monitor these referrals afterwards.
- To write reports and record information as necessary.
- To attend child protection conferences.
- To raise staff awareness on an annual basis.
- To review, revise and maintain the Child Protection Policy within the school.

THE ROLE OF THE CLASS TEACHER / SUPERVISOR

During the assessment process, teachers may be expected to provide information about

- Attendance
- General manner in school – attendance, moods or mood swings, appearance, etc.
- Ability and performance in work.
- Social development
- Attitudes towards adults
- Behavior
- Self-confidence
- Physical ability
- Observations of the child at play
- Known behavior, interests or unusual routines outside school.
- Parents attitudes towards school
- Any other relevant information

The following categories form the criteria for registration on the Child Protection Register:

- ✓ Neglect
- ✓ Physical injury
- ✓ Sexual abuse
- ✓ Emotional abuse
- ✓ Self-harm or abuse

If teacher or supervisor is in doubt about signs or indications of abuse, alert the coordinator and Doctor.

School Principal should only ask students open-ended questions in relation to suspected abuse. They should not "investigate".

Information, which needs to be available to all staff, will be shared at staff meetings. Information is for "professional use" and should remain absolutely confidential outside of the school.

Information might include:

90. Details of actual or suspected physical abuse
91. Parental non-contact details following legal decisions
92. Mood swings, aggression
93. Withdrawal by child and wanting to be on his/her own

Child Protection records will be kept by the Child Protection coordinator within the school's clinic, under lock and key. Parents do not have a right of access to these files.

On transfer, the Principal will decide which records, if any, will be passed on to the next school.

CHILD PROTECTION POLICY

Making a Start

Think of a child of whom you have concerns. Can you answer the following questions?

1. Is the child average weight/height?
2. Is the child clean and well kept?
3. Does the child glow with health - do you know of any health problems?
4. Is attendance regular, are absences straightforward?
5. Does the child concentrate well?
6. Is the child achieving Satisfactorily?
7. Is the child withdrawn, aggressive, moody?
8. Does the child understand "taking turns"?
9. Can the child use personal experiences for creative work?
10. How does the child respond to adults?
11. Who are the child's friends?
12. Are those relationships equal?
13. Does the child have irritating habits?
14. What do you know about the child's home life?
15. What is your most worrying concern

CHILD PROTECTION RECORDING SHEET

Child's Name:		Class/Form:
Date of Birth:	Gender:	Nationality:

Please pass to the PACE SPRINGFIELD INTERNATIONAL SCHOOL Child Protection Coordinator

ANY CONCERNS REGARDING A STUDENT MUST BE RECORDED AND PASSED ON

Staff should not make any undertakings to absolute confidentiality Staff should not investigate a situation

Sexual	Emotional	Physical	Neglect
Details of Concern (Please give full factual details including dates and times)			
Date Opened: Time Opened:	Person Reporting:	Signed:	
To Whom Reported:	CP Protection Coordinator	Date Closed:	
Action Taken (to be completed by the Child Protection Coordinator)			
By Whom:	Date:	Signed:	

17. NEEDLE STICK INJURY POLICY

PURPOSE

This policy states standardized procedures for handling blood and body fluid exposures for students which includes needle stick injuries.

The purpose of this policy is to ensure that all student, staff, employees in school who may experience a significant exposure to infected blood and body fluids in the course of their duties have immediate treatment and/or support.

To ensure school safely manage discarded needles and needle stick injuries.

SCOPE

This policy applies to, and will have to be implemented by, all students & staff who have sustained a needle stick injury or body fluid exposure incident during the course of their work.

Teachers Students and principals must be familiar with the school's disposal procedures for used needles actively discourage students from picking up needles or syringes.

Procedures

1. Needle stick procedures are included in a mandatory policy attestation process for students.
2. Information about the Blood and Body Fluid Exposure.

BLOOD & BODY FLUID EXPOSURE

This is an exposure of human blood or a body fluid/tissue that comes in contact with non- intact skin or mucous membranes. Such exposures pose a potential risk of transmission of blood borne pathogens.

Needle stick injuries are included in the term blood and body fluid exposure

- Blood borne pathogens: These primarily are human immunodeficiency virus (HIV-1), hepatitis B virus (HBV) and hepatitis C virus (HCV).
- Risk of transmission: The likelihood of acquiring an infection. For blood borne pathogens, the risk of transmission depends upon the nature of the exposure, the infectiousness of the source, and in the case of HBV, the immune status of the exposed individual.

Initial Procedures when blood or body fluid exposure occurs:

- Care of the Wound or Mucous Membrane: Immediately wash the exposed area thoroughly with soap and water; a germicidal soap may be used. For mucous membrane exposures, irrigate

with copious amounts of water and flush thoroughly. Five minutes of irrigation is a suggested time period, then pat dry.

- Cover the wound with waterproof dressing.
- Notify your Supervisor/Doctor: The exposed person will need to report immediately the Doctor/Supervisor.

Ensure the injured person visit the hospital as soon as possible for:

- assessment of the risk
- treatment, if required.

An adult should accompany the student to the nearest hospital/medical centre.

NEEDLE DISPOSAL

This describes how schools dispose of needles and syringes.
Equipment required

- Single use gloves
- Tongs
- Plastic bags
- Approved disposal container.

If the discarded syringe or needle is:

accessible, continue with the disposal procedure If not accessible:

- mark the area so that others are not at risk

- supervise area

1. Put on single-use gloves

   Place the disposal container on the ground next . to the syringe.

2. Using tongs, pick up the syringe from the middle keeping the sharp end away from yourself and place it in the disposal container, needle point down.

Note:

- ✓ Never try to recap a needle, even if the cap is also discarded
- ✓ Long metal tongs can be used to reach difficult to access places.
- ✓ Repeat step 4 for each individual needle or syringe.
- ✓ Screw the lid of the disposal unit on firmly.
- ✓ Remove gloves and place them in a plastic bag. Seal the bag and dispose of it in a rubbish bin.
- ✓ Wash hands in warm soapy water and dry thoroughly.

To dispose of the sharps disposal container, contact the Syringe Disposal with Medical Waste Company:

Note: Disposal containers or syringes must not be put in normal waste disposal.

19. HEAT EXPOSURE POLICY

INTRODUCTION

Heat stress is the overall effect of excessive heat on the human body. Prolonged exposure to high air temperatures or to high humidity at even more moderate temperatures may cause the body temperatures of people of all ages to rise and produce one or more of the signs of heat stress affecting the ability to learn, work, or even play.

High temperatures can be dangerous for health, especially for the elderly, young children and people who work outside.

Students with certain health problems may require more attention.

Students with asthma or other respiratory illnesses may also be at risk of heat-related illness. If students complain about the heat, allow them to rest or see the school nurse who may want to have their health status clarified by a parent or guardian.

To counteract heat stress, school management must pay attention to these contributing factors:

- air temperature
- humidity
- air circulation
- radiant heat
- air pollution
- classroom temperature
- classroom location
- medical problems and use of medications
- fluid intake
- appropriate clothing
- physical conditioning
- acclimation to heat
- intensity, type and duration of exercise

WEATHER CONDITIONS FOR MODIFYING ACTIVITIES / SCHOOL DAY

The following chart provides guidelines for consideration in modifying instructional programs, physical activity, and school schedules:

Category	**Temp. (C°)**	**Possible Heat Stress Effects**	**SUGGESTED ACTION**	
			Humidity less 50% than	**Humidity 50% or greater**
Normal	35 or less	· Good learning conditions. No effect.	· Regular school day	· Regular school day.
Alert	37°-40°	· Learning may decrease with long exposure. · Fatigue may increase after 4-6 hours.	· Regular school day. · If near 50% humidity, limit intensity of or modify physical activity and monitoring.	· Regular school day. · Limit duration & intensity of or modify physical activity & monitor closely.
Caution	41° – 45°**	· Early heat stress and cramps possible. · Heat exhaustion or heat stroke possible with long exposure.	· Regular school day. · Limit duration & intensity of or modify physical activity & monitor-closely.	· Regular school day · Limit duration & intensity of & modify physical activity & monitor closely.
Extreme Caution	45° or above**	· Heat stroke or heat exhaustion possible.	· Consider schedule change. · Prohibit or limit duration & intensity of, modify physical activity, & monitor closely.	· Consider schedule change. · Prohibit physical activity.

PROCEDURES FOR CONDUCTING CLASSROOM ACTIVITIES

On very hot, humid days, administrators, teachers, and other staff should be aware of the following procedures to help minimize possible heat stress.

1. Faculty and staff must be informed at the beginning of each semester, and as needed thereafter, about the school's program for preventing heat stress and the most efficient methods for reducing heat and maximizing ventilation in classrooms.
2. Doors and windows must be closed in air-conditioned rooms, and any air- conditioning equipment malfunction should be reported at once.
3. When possible, all air-conditioned rooms should be used as classrooms. Electric fans, where available, should be placed to bring in fresh air and exhaust stale air rather than just blowing it around the room. Fans should be turned on as early as possible including the night before based on the weather forecast. Adjusting custodial hours should be considered to permit early entry into classrooms to open doors, windows, and turn on fans.
4. Precautions should be taken to ensure that when fans, ACs, or other devices are used they meet safety standards and that cooling strategies do not place an overload on existing electrical systems.
5. Teachers, especially at the elementary level, may adjust their programs to use the ACs early hours for physical activity.
6. Water must be available. Personal water containers are recommended for use when heat is excessive as a means to prevent dehydration. Use at other times should be a local school option.

PRECAUTIONS FOR OUTDOOR ACTIVITIES

During times of excessive heat, the following precautions need to be taken for outdoor physical activity, which includes recess, physical education, recreation, and competitive sports:

1. The intensity of exercise activities must be limited or they must be modified whenever air temperature and humidity are above caution levels.
2. Adequate water must be available. If adequate water is not available, physical activity must be modified.
3. Prior to prolonged physical activity, a person should be fully hydrated.
4. During the activity, periodic drinking of water every 15 to 30 minutes should be encouraged.
5. Proper clothing should reflect heat, permit freedom of movement, and allow free perspiration. Clothing should be light colored, lightweight, loose, and limited to one layer of absorbent material in order to facilitate evaporation of sweat and expose as much skin as possible, yet still be appropriate for the school environment. Use sunscreen (SPF 15), wide brimmed hats and sunglasses.

6. Limit outdoor activity to early morning and evening hours. Limit physical activity. Try to organize activities that do not require a lot of physical activity like arts and crafts or board games.
7. Teachers must observe students closely and know signs and symptoms of heat stress, emergency first aid, and how to obtain medical help.
8. Physical education teachers should modify the type, duration, and intensity of exercise.
9. Rest periods should be provided during activity.
10. Keep children and staff indoors, if possible, or in a cool area out of direct sunlight. Use air conditioning if possible
11. Other strenuous student activities—such as drill team, marching band, must be closely observed by teachers, coaches, and nurses.
12. Have children and staff drink more fluids, even it they're not thirsty. Avoid caffeine, or large amounts of sugar and very cold drinks that could cause stomach cramps. A sports beverage can replace the salt and minerals lost in sweat .

Know the signs and symptoms and what to do in case of heat stroke, heat exhaustion and heat cramps.

Heat Stroke:

Most serious heat related illness. Requires emergency medical treatment. Hot, dry skin, shallow breathing, rapid, weak pulse, confusion, loss of consciousness. Body temperature exceeds 40.5 degrees C. Move person to cool area, sponge with cool water. Dial 988 and get emergency medical assistance.

Heat Exhaustion:

Heavy sweating, weakness, and cold, pale clammy skin. May be fainting and vomiting. Move person to a cool area out of sunlight, sponge bathe with cool water and fan. Give sips of water every 15 minutes for 1 hour.

Heat cramps:

Painful spasms usually in the legs or abdomen, heavy sweating. Apply firm pressure on cramping muscles or gently massage muscles. Sips of water every 15 minutes for 1 hour. Do not return to strenuous work for a few hours after the cramps subside.

21. INFECTIOUS DISEASE OUTBREAK POLICY

PURPOSE / SCOPE

To prevent communicable diseases outbreaks at PACE Springfield International School

To standardize the procedure for conducting an outbreak management (outbreak investigation, outbreak control) at Springfield International School.

POLICY STATEMENT

- The Outbreak coordination team will be responsible for monitoring the outbreak cases through the preventive services section.
- The outbreak coordination team is responsible for assuring that all private schools in Dubai are aware of the outbreak policy.
- Coordination management team in the PACE Springfield International School.
- Free contact screening shall be carried out and necessary prophylaxis shall be given when required as per (Federal Law No. 27 of 1981) by the preventive services section.
- Reporting to the local or national authorities shall be proceeded and necessary communication must be maintained until sorting out of the outbreak status by the preventive services section.
- Contacts investigation must be initiated when any outbreak cases are confirmed at schools by the preventive services section.
    - Any clinically suspected communicable disease should not be recognized as confirmed outbreak until approved results by laboratory or radiology investigation.
- Outbreak investigation and management procedures shall be initiated as soon as possible upon receiving notification, the main tasks shall be carried out by the assigned outbreak management team further to the preventive services center.
- Full address and data of all identified contacts should be collected by attending physician or team through special Forms by the preventive services section and support by SIEHU.
- E- notification of the diagnosed or suspected index case must be proceeded as soon as possible by the person who made the diagnosis or suspension whether they are physicians or nurses.
- Log in detail for the thee-notification system the at DHA website shall be provided to healthcare provider at school facilities by the preventive services center /PHCSS/DHA.
- The Outbreak coordination team should ensure that each private schools in Dubai has access for the E notification system.

- Roles and responsibilities of school admin, school health provider, and students (refer to the school health manual communicable disease and infection control section).
- School principal and healthcare provider should not address any sort of the letters to the parents or public unless advised by DHA concerned staff.

22. BULLYING PREVENTION POLICY

It's the use of deliberate force forms of verbal or physical abuse whether individual vs individual or group vs individual, it is unjust and repetitive behavior and over time it is intended

to hurt or pressure someone, where this person is unable to defend him/herself, due to the unequal strength between the bully and the person getting bullied.

FORMS OF BULLYING:

PHYSICAL
Beating, kicking, throwing stuff, taking others' belongings and hiding it.

VERBAL
Cursing, harsh criticism, name calling, spreading rumors, phone calls and anonymous emails.

SOCIAL
Allying against someone, persuading others to alienate someone.

SUGGESTIVE
Threatening, rude gestures, intentional neglect ion or alienation, and threats by staring.

SIGNS & SYMPTOMS OF BULLYING

Physical signs:

Unjustified bruises, scratches or cuts, torn clothes or damaged belongings School-related behaviors: Lack of desire or fear of going to school, fear of riding a school bus, asked to be dropped off to school by adults, low level of scholastic performance, returning from school in extreme hunger because his money was taken from him), complaining of losing his/ her belongings, asking for an increase of money (to give it to the bully.)

Psychosomatic symptoms:

Uncertain pain, headache, abdominal pain, mouth ulcers

Changes in social behavior:

Getting close to a few friends and not wanting to go out, not meeting with his/her friends as often as usual. How to Tell If My Child Is Bullied? Changes in social behavior: Getting close to a few friends and not wanting to go out, not meeting with his/her friends as often as usual.

Emotional indicators:

Signs of pain, unhappiness, loneliness, depression, desire to cry, stuttering, thinking of suicide.

Disturbing Behaviors:

Nervousness and bad moods, not eating, eating too much, inability to sleep, nightmares, crying during sleep, wetting the bed, unwillingness to talk about what is happening. Health indicators: General stress, low performance, poor resistance to infection, recurrent diseases, threat or attempted suicide.

HOW TO PREVENT BULLYING AT SCHOOL?

- Develop skills of educators to handle cases of bullying and to prevent bullying at school
- Improve school physical and social environment and ensure that students feel safe, and supported at school.
- Instilling the concept of Tolerance and social cohesiveness (Through families and school curriculum & activities)
- Building extensive partnerships with communities, concerned government entities, non-governmental organizations and private companies.
- Implement proven best practices in bullying prevention.
- Using effective school practices to swiftly deal with cases of bullying, with a focus on intermediate intervention, protection of victims and to ensure their safety and privacy.
- Develop social-emotional skills of students to enable them to build healthy social relations and to reject bullying and forms of violence.

23. BUSINESS CONTINUITY POLICY

PURPOSE

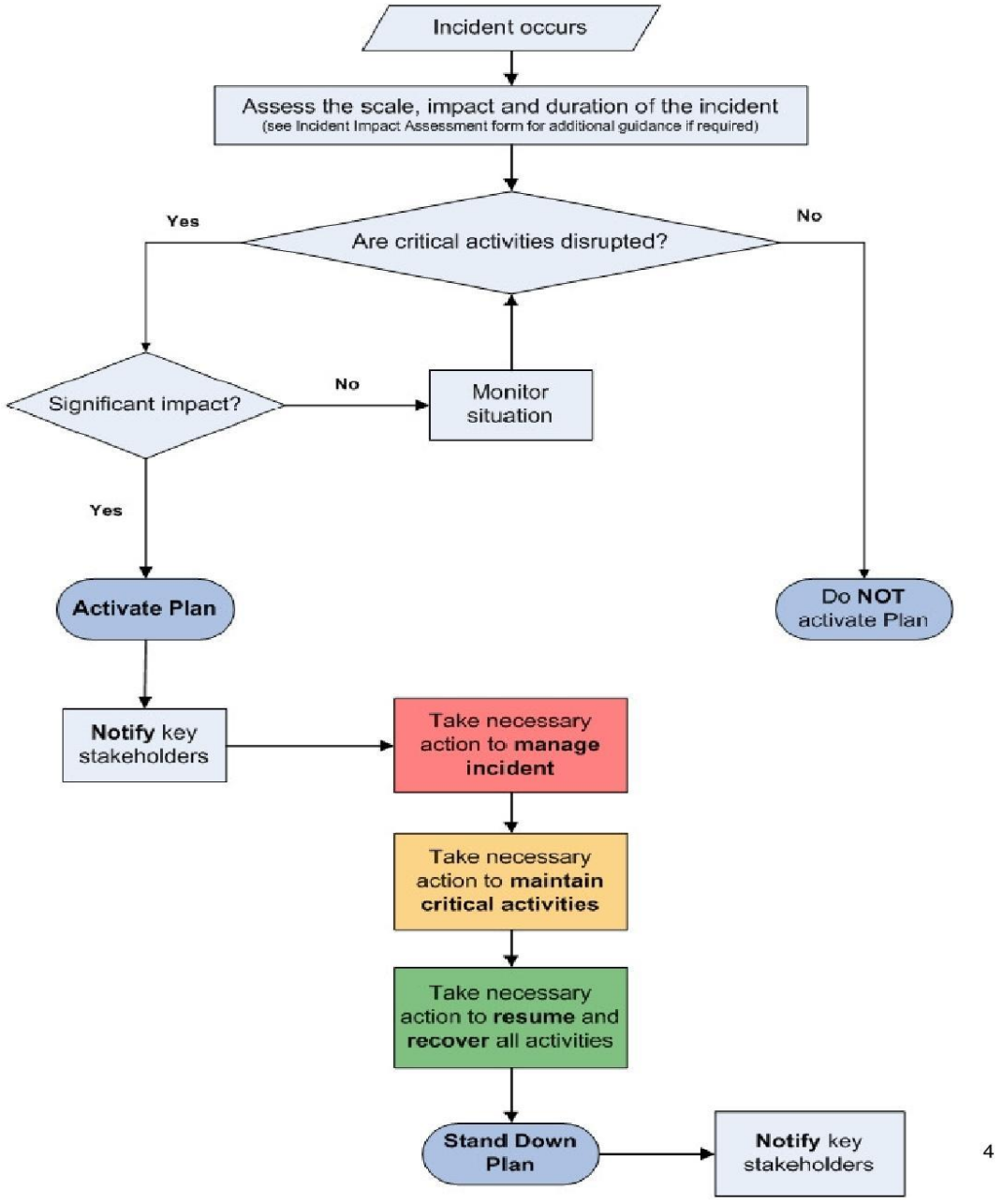
To provide a flexible framework to manage the response to any school disruption or emergency maintain critical activities and recover from the incident quickly and efficiently.

PLAN 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 organization.
- 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 where emergency service cordon would prevent access for a period of time, utilities failure. You may also require the activation of continuity arrangements in the event of an office move.
- Loss of a key resource such as an external supplier or partner vital to the delivery of a key service or activity.

2.1 PLAN ACTIVATION PROCESS



4

24. STAY HOME IF UNWELL POLICY

School policy is that parents should take the temperature of their child prior to leaving for school. The child should remain at home:

a) if they record a temperature of 37.5 C or higher.

b) Cough

c) Body ache or fatigue

d) Shortness of breath

e) Sore throat

f) Runny nose

g) Diarrhea

h) nausea and vomiting

i) Headache

j) Loss of sense of smell or taste

k) Red, watery and painful eyes

l) Skin rashes or discoloration

Home isolation for people who are suspected or confirmed to have a communicable disease is appropriate in the following circumstances,

- They are well enough to receive care at home;
- They have appropriate care givers at home;
- There is a separate bedroom where they can recover without sharing an immediate space with others;
- They have access food and other necessities;
- They (and anyone who lives in the same home) have access to the recommended personal protective equipment (at a minimum, gloves and mask);
- They do not live with house hold members who may be at increased risk of complications from the infection (e g. People over age of 65, young children, pregnant women, people who are immunocompromised or who have chronic illnesses).

ENCOURAGE SICK STUDENT TO STAY HOME

❖ If a child begins to show symptoms of any communicable disease at school, they will be taken to the isolation room. The parent or guardian of the child will be notified immediately, and the parent should refer their child to the hospital to undertake a mandatory lab test.

Further, any siblings of the child enrolled also need to be removed from school and leave with the parent.

- The child and siblings will not be permitted to return to school until the child's result obtained and shared with Health Office.
- If the test is negative but the child and siblings(s) have been in contact with someone who has tested positive, the child and sibling(s) should complete a 14 days' quarantine. If the result is negative and there is no clinical assessment for a probable case, the sibling(s) can return to school immediately and the child can resume schooling so long as they are symptom free.
- If the result is positive, the child will not be allowed to return to school until they have a DHA medical certificate are free. The DHA medical certificate must be provided to the Health Office.

25. SAFE USE OF CHEMICALS USED FOR INFECTION CONTROL POLICY

INTRODUCTION

The cleanliness of any healthcare environment is important for infection prevention and control and patient wellbeing. Environmental services staffs, along with other healthcare professionals, plays an important role in quality improvement, in the confidence the public has in hospitals, and schools, and in reducing infection related risks. This policy supports the indicators of best practice.

POLICY

School health care team is responsible for minimizing the nosocomial infection by establishing safe use of chemicals for infection control. This policy provides guidelines to handling of chemicals

AIM

- All staffs should correctly have trained in cleaning techniques, tasks, infection control prevention and safe handling of chemicals used.
- Chemicals should be kept in separate rooms and it should be not accessible to the students as well as other staffs.
- All agents used for cleaning, disinfecting procedures should be approved by the KHDA standards or School Health Section standards.
- Enough disinfecting agents stock should be maintained in each school sections.
- All chemicals should be kept in lock and key cupboards.
- Health and Safety team should frequently check the handling of chemicals by the cleaners.
- All staffs (Environmental Services, Clinical & Medical) is responsible for ensuring the safe use of chemicals in school premises.

- Ensure proper discard of chemicals as per the school health policy.

RESPONSIBILITIES OF THE MEDICAL TEAM

a) Know the types, location, and hazard level of products used in the building.

b) Be aware of student and staff allergies and other potential health and safety hazards that can result from the use of hazardous cleaning and disinfectant products.

c) Be aware of correct roles and procedures for use of disinfectants, including what surfaces can be disinfected, and when and how to disinfect.

d) Understand how to interpret use, management, and emergency first aid procedures located on the product label and in the products material safety data sheet.

e) Know the locations, specifications, and proper use of an emergency eye wash station and deluge shower for use in responding to a chemical exposure.

f) Educate staff about the location and use of a first aid kit and other safety equipment, where applicable.

g) Educate staff about the difference between cleaning, and disinfection.

IMPORTANT CONSIDERATIONS

- Unapproved cleaning products and disinfectants should not be used in school premises.
- Products used in curricular activities and for building maintenance may also be hazardous.
- Disinfectants should be used with adequate ventilation.

APPROVED LIST OF ANTISEP TICS AND DISINFECTANTS USED IN SCHOOL

One of the most popular and effective products used for sanitizing and disinfecting surfaces in school environment is "CHLORINE BLEACH". Regular strength chlorine bleach (approximately 6% strength) can be mixed with water in specific ratio to provide all the sanitizing and disinfecting power needed to help destroy pathogens on surfaces in school environment. The followings are the approved list of antiseptics and disinfectants used in the school premises:

- Quaternary Ammonium Compounds
- Alcohol Based products (> 60% isopropyl alcohol)
- Chlorine based products such as: hypochlorus acid- sodium hypochlorite – chlorine dioxide
  - 1/3 cup bleach (5 TBS) - 1 Gallon (3.78 ltr)
  - 17 ml of bleach in 32 ounce (1 ltr) spray bottle

For deep periodic cleaning for the surfaces to remove the microorganisms:

- 1 cup of bleach / gallon of water (3.78 ltr)
- ¼ cup of bleach / 32 ounce of water (1:10 ratio)

➢ Sodium Carbonate Peroxyhydrate

Acid – anionic Sanitizers

26. REPROCESSING OF REUSABLE EQUIPMENT POLICY

Reusable medical devices as those "devices that health care providers can reprocess and reuse on multiple patients". Reusable medical devices require the reprocessing after a procedure, such as cleaning, disinfecting, and sterilization.

Medical devices are categorized into 3 categories and its given below:

94. Critical devices:

Such as surgical forceps, come in contact with blood or normally sterile tissue.

95. Semi-critical devices:

Such as endoscopes, come in contact with mucus membranes.

96. Non-critical devices:

Such as stethoscope, come in contact with unbroken skin.

In the school settings we are mainly using the following non critical medical devices such as:

97. Stethoscope
98. Digital BP monitor machine
99. Pulse oximeter
100. Thermometer
    - ❖ Glucometer
    - ❖ Automated External Defibrillator
    - ❖ Weighing Machines
    - ❖ Nebulizer etc....

Reusable medical devices have long been the standard choice in the healthcare industry, but evidence suggests that single – use devices may offer greater benefits.

Our school maintains a renewable contract with the BEATS MEDICL EQUIPMENT TRADING L.L.C company for the safe and periodic maintenance of our equipment's. The biomedical engineer will visit our clinic twice a year and check all our equipment's for their efficiency, quality control and put a label of 6-month validity for the efficient equipment's.

Here are some factors to consider when comparing reusable and single use medical devices.

SAFETY:

Healthcare- associated infections (HAIs) are a common but avoidable complication of patient care. Effective decontamination of reusable devices is essential in minimizing the risk of HAIs. Single –use devices guarantee a clean or sterile product for every patient, thereby helping to control cross – contamination risks.

TIME:

Reusable devices must go through an extensive reprocessing cycle in order to become fit for purpose. To ensure patient safety, individual devices must be tracked and traced through each stage of the reprocessing cycle.

ENVIRONMENTAL IMPACT:

Disposing of medical devices after one use may seem wasteful, but when compared to the reprocessing of reusable devices, the environmental impact is much lower.

COST:

Single – use devices can coast more than reusable devices. The reprocessing of reusable devices is associated with significant ongoing coasts, including decontamination supplies, machine maintenance and manpower.

CONCLUTION:

Single use medical devices offer many benefits over reusable devices.

27. POLICY FOR MANAGING HASANA SYSTEM

With the aim off managing and containing the spread of communicable diseases, the Dubai Health Authority (DHA) 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.

PURPOSES

1. Single immunization record for each individual in all health facilities in Dubai.
2. The system will integrate all DHA and private health facilities in Dubai.
3. The system helps to manage immunization, investigation and outbreaks in schools as well as hospitals.
4. The system helps to deliver mass immunization campaigns in schools.
5. The system helps to track the immunization due and overdue.
6. The system helps to improve the productivity of health care staffs, allowing the providers to direct their efforts fully to the patient's care.
7. HASANA portal will ease the insertion of data and updating procession by health facilities and in turn enables DHA obtain accurate statistics timely, doing the proper monitoring and investigation and by which taking the appropriate decision accordingly.

STEPS

8. To fill student HASANA templet sheet by the clinic staff.
9. Upload the client details including demographic data and vaccination history.
10. Create HASANA ID for each student in the school and it should be mentioned in all the school health records.
11. Search students who are due for vaccination according to their age group.
12. Create event for the vaccination with the date, vaccine name, client list, principal letter, vaccination form 1 and 2.
13. Distribute the pre vaccination checklist for each student who are scheduled for vaccination and it should be filled by the parents.
14. Check and upload pre vaccination checklist & parents' consent about the vaccines on the system before giving it.
15. Same day of vaccination we have to check the presence of student consent.
16. Administer the vaccine and the details should be update in the HASANA system accordingly.
17. After the session send vaccination form 3 to the School Health Session.

28. INCIDENT REPORTING POLICY

A school incident report should be prepared for any event or mishap which results or is likely to result in injury to a person or damage to or loss of property that occurs on school premises or during school activities that is not minor. "School activities" includes, but is not limited to, school-provided transportation, excursions and events conducted by Boosters and organized school sports events, and use of a school facility by a community group. A commonsense approach should be taken to determining whether or not an incident is minor.

Incident reporting is the process of documenting all worksite injuries, near misses, and accidents. An incident report should be completed at the time an incident occurs no matter how minor an injury is.

The school incident report should be prepared as close as possible to the time of the incident - preferably on the same day. In the event any non-minor incident is reported by the student, visitor, or parent after the event has occurred, a report should be still be prepared as soon as possible.

INCIDENT REPORT

To be filled by staff within 12 hours of the incident/accident

Incident Date:..... Incident Time.....

Injured Person Name .....

Student / Staff:.....Mob No : .....

Male / Female:.....Date of Birth:.....

Details of Incident:

.....

.....

.....

.....

Injury Type:.....

Does Injury require a Hospital / Physician? Yes ,.....No

:.....

Hospital Name: .....Hospital Telephone No :.....

Important Notes and Instructions:

.....

.....

.....

.....

Prepared by: ..... Date:.....

Approved by: .....

29. STAFFING PLAN, STAFF MANAGEMENT & CLINICAL PRIVILEGING

STAFFING PLAN

Staffing plan is a strategic planning process by which a company (typically led by the HR team) assesses and identifies the personnel needs of the organization. In other words, a good staffing plan helps you understand the number and types of employees your organization needs to accomplish its goals.

In Springfield International School, school medical team consist of one part – time doctor & one full time nurse.

STAFF MANAGEMENT

Staff management is the management of subordinates in an organization. Often, large organizations have many of these functions performed by a specialist department, such as personnel or human resources, but all line managers are still required to supervise and administer the activities and ensure the well-being of the staff that report to them.

CLINICAL PRIVILEGING

a) To align with Dubai Health Authority (DHA) Strategic objective to position Dubai as a global medical destination by introducing a value – based, comprehensive, integrated and high – quality service delivery system.

b) To enable all health facilities under the DHA jurisdiction to clinical privileging of their health care professionals.

c) To ensure all Health Professionals (HP) 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.

The Health Facility shall have in place a standardized, objective and evidence based clinical privileging system to privilege DHA licensed Health Professionals to treat patients and / or to provide other clinical services consistent with this policy.

The clinical privileging system shall:

i. Ensure all physicians and HP undergo clinical privileging within a three-year time frame.

ii. Assure granted privileges are supported by international benchmarks and best practices.

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

iv. Clinical privileges that granted by the CPC shall adhere to titles mentioned in professional qualification requirements (PQR) or any privileges mentioned in DHA regulations, policies, or standards.

v. Clinical privileges shall be granted consistent with the clinical needs, resources and capacity of the services provided within the health facility to ensure the delivery of safe and high – quality health care services.

30. PHYSICAL ACTIVITY POLICY

INTRODUCTION

Physical activity is good for hearts, bodies and minds. Regular physical activity can improve physical fitness; improve heart, vascular and metabolic health, and bone health; and reduce adiposity in children and adolescents.

Being active can also improve cognitive function, including academic performance and mental health, and can reduce symptoms of depression and anxiety. In contrast, too much sedentary behavior can be unhealthy; it increases the risk of obesity and poorer fitness and cardio metabolic health, and can affect sleep duration.

Global estimates indicate that over 80% of young people in school are not meeting the global recommendations of 60 minutes of moderate-to vigorous physical activity per day. In most countries, girls are less active than boys, and levels of inactivity among girls have not improved since 2001 (in fact, the gap between girls and boys is widening).

In addition, the most socially disadvantaged groups in most countries, such as girls and those living with chronic health conditions or disability, are often the least active.

ABOUT THIS POLICY

This policy brief describes the importance of integrating physical activity into primary and secondary schools so that all children and young people can be physically active on a regular basis, which will contribute to preventing the increasing public health problem

of childhood obesity. It outlines six evidence-based domains for promoting physical activity in schools:

1. Quality physical education
2. Active travel to and from school
3. Active before- and after-school programs
4. Opportunities during recess to encourage physical activity
5. Active classrooms
6. Inclusive approaches to physical activity. It describes how the school environment can be used to develop, implement and evaluate strategies that promote physical activity and reduce sedentary behavior among children and young people.

Further information is available in WHO's Promoting physical activity through schools: a toolkit.

ENABLING FACTORS FOR EFFECTIVE IMPLEMENTATION OF PHYSICAL ACTIVITY INTERVENTIONS IN SCHOOLS

A supportive school policy is the foundation for implementing a whole-of-school approach to promoting physical activity in schools. Other guidelines that enable effective implementation includes:

- governance, leadership, and resources;
- advocacy and promotion;
- partnerships and community links to provide opportunities for physical activity;
- training on delivering quality PE and promoting physical activity; and
- monitoring and evaluation of the effectiveness of interventions.

In our school, there is a daily physical education training session for all FS students and Y1 – Y7 are getting two physical education training sessions weekly.

A whole-of-school approach can make a significant impact both in the prevention of childhood obesity and in improving children's overall health and well-being if it partners with parents and the community to ensure that safe and accessible physical activity opportunities are extended to all children. Particular attention should be given to reducing the barriers to being physically active for children with disabilities or chronic conditions. Integrating physical activity as part of healthy

lifestyle interventions, including healthy diets, can be guided by the standards to make every school a health-promoting school.

31. HEALTHY NUTRITION POLICY

Good nutrition is essential for the mental and physical development of children. However, childhood undernutrition and over nutrition remain major challenges.

Nutrition education underpins improving nutritional status and provides people with the knowledge, skills, and motivation to make wise dietary and lifestyle choices. Understanding and improving the landscape of nutrition education delivery and support for children is therefore of high importance.

BENEFITS OF NUTRITION EDUCATION IN SCHOOLS

Behaviors, beliefs, and attitudes start to develop at a young age, meaning intervention during these years offers a valuable opportunity to positively shape the lives of children, and in doing so shape the cultures and beliefs of future societies. For nutrition to be a positive, prioritized part of this society and culture, it should be ingrained in such a way that it can be shared and explored. Schools are a setting for the delivery of structured learning and simultaneously offer an arena for the exploration

of food and nutrition, in which pupils can develop behaviors, beliefs, and attitudes. They are one of the main social contexts in which lifestyle habits are developed, meaning food should therefore be part of this picture. Simultaneously, a key responsibility of primary schools is to equip children with the life skills and capacity to support their wellbeing. Given the vital role of nutrition in a healthy, fulfilled life, nutrition education must not be overlooked.

More widely, schools provide a perfect platform for action, through a ready-made learning environment, facilities for physical activity and food service as well as the opportunity for engagement with peers, parents and teachers. Furthermore, schools are a well-equipped vehicle for nutrition education as they provide opportunities to practice healthy eating and food safety through school feeding programs, and through the sale of food on premises.

They can be a channel for community participation, for example via school garden projects or school canteens, or through local intersectional committees. Moreover, nutrition lessons can be made simple, interesting, colorful and easily learned by demonstration, illustration and practical action – approaches which are valuable in primary school settings. Moreover, primary school nutrition education can go beyond improving the knowledge, and even health of students. It has the potential to empower students to become active participants and future leaders in shaping the food environment and food systems that are better able to deliver healthy and sustainable diets.

BENEFITS OF BALANCED DIET

There is no 'one size fits all' healthy diet and it is not just about eating less sugar, salt, or saturated fat but also about what we should be eating more of, for example, fruit and vegetables and fiber. Everyone is different and the principles of healthy eating can be adapted to suit you. The main guidelines are:

1. including plenty of a range of fruit and vegetables – at least 5 A DAY
2. including plenty of fiber-rich foods, especially whole grains
3. including a range of protein sources, especially beans, peas, and lentils
4. including some dairy foods or fortified alternatives
5. choosing mainly unsaturated fats and oils, and
6. minimizing foods and drinks that are high in fat, salt, and sugars.

Remember everyone is different and you can make food choices following these principles to suit you.

The main food groups that feature in the Eat Well Guide, as well as advice from many other organizations, are outlined below. Each section has a useful guide to that food group.

7. Fruit and vegetables
8. Starchy foods
9. Protein foods
10. Dairy foods and alternatives
11. Fats and oils
12. Foods high in fat, salt and sugar

32. SERVICE DESCRIPTION AND SCOPE OF SERVICES

INTRODUCTION

The clinic and medical team within PACE SPRINGFIELD INTERNATIONAL SCHOOL play a critical role in the promotion of the health and wellbeing of students and staff within the school community.

The clinic will adhere Dubai Health Authority (DHA) regulations, federal and local laws at all times.

PURPOSE

The main purpose of service description is to outline the main duties and responsibilities that are involved in a particular job. Additional information is often requested in order that one document can fulfil the needs of several processes. Service descriptions should be based on a thorough job analysis and should in themselves be as brief and factual as possible.

SCOPE

The job function and scope are brief narrative pictures of the job that highlight its general characteristics.

They should provide enough information to differentiate the major functions and activities of the job from those of other jobs.

GUIDELINES

SCHOOL DOCTOR

Definition:

The school doctor is in charge of providing medical care to pupils in accordance with medical science and experience. The main task of the school doctor's activities lies in preventive medical care. The activities of a school doctor require special medical and psycho-social knowledge, acquired by adequate training professional development. The full time school physician should be the clinic in-

charge and participate actively to ensure implementation of all mandated policies and protocols in collaboration with the school's administrative authorities and school personnel. He/she shall assure that all procedures are carried out by or under the direction of qualified, skilled and experienced licensed healthcare professionals.

Target groups of school doctors' activities: School doctors' activities mainly target pupils. Besides this group, the activities of a school doctor also address school principals, teachers, parents and persons in charge with child care, with whom the cooperation has to be sought for the welfare and benefit of the pupil. School doctors, for the protection of the pupils' health, aim to seek cooperation with the school governing body and all physical and legal persons providing services in school operation in matters which are likely to have direct or indirect effects on the state of health.

Objectives of the school doctor's activities; The school doctor lobbies for the health matters of pupils, as well as for the performance and safety at the pupils' workplace. The school doctor enhances the personal development of pupils from a medical point of view. In creating and consolidating health awareness, the school doctor empowers pupils to be committed to the maintenance and promotion

of their Service

1. Tasks of the school doctor This is the listing of the tasks of school doctors as per DHA Standards for Clinics in Educational and Academic Settings (2020):
2. The Physician shall:
    - ❖ Not prescribe medication to students for use after school hours.
    - ❖ Not prescribed Controlled Drugs (CD) and Semi-Controlled Drugs (SCD) for students.
    - ❖ Be responsible for developing an Individualized Healthcare plan (IHP).
    - ❖ Advise parents to keep the student at home during the communicable period of any disease.
    - ❖ Assess, plan, and implement Individualized Health Care Plan (IHCP) and Emergency Health Care Plan (EHCP) for children with chronic illnesses and children with determination, including allergies.
    - ❖ Maintain effective relationships with parents, families, and local community.
    - ❖ Refer, as appropriate, to children assessed and found to have psychological or emotional disorders like anorexia, self-harm, addiction, abuse, etc.
    - ❖ Participate in planning and conducting health education activities in the school.
    - ❖ Act as a counselor in guiding the school administrators, teachers and
    - ❖ parents to discuss any health problem of a student, as required.
    - ❖ Submit reports to HRS and SHS, PHPD in a timely manner.
    - ❖ Update knowledge, skills, and practice related to school health.

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

- The delivery and evaluation of health services in the school environment, including Screenings and vaccination programs.
- Comprehensive medical examination of students at KG/Foundation 1, Grade one (1), Grade four (4), Grade seven (7), Grade ten (10), and at entry level in colleges and universities and for new admission at any grade in schools. The findings have to be documented in the school health record
- Medication management shall be the responsibility of the Physician.
- Management of emergency reactions including anaphylaxis that might occur due to vaccination shall be the responsibility of the Physician.

a. Physician shall report all suspected or confirmed cases of communicable diseases to SHS and Preventive Medicine Section (PMS), PHPD, DHA; as per the list of Notifiable communicable diseases m. Schools are required to report any communicable diseases and the number of individuals affected. Cooperation in health-related projects

Hours of duty and hours of consultation as agreed upon in the contract

- Submission of Annual reports. Being responsible for preventive care, the school
- doctor has to inform pupils, respectively parents about undesirable tendencies in physical and mental development, as well as about existing medical symptoms.

The family doctor / general practitioner or the specialist doctor is responsible for providing further medical care to children or the youth

WORKING CONDITIONS

The working conditions of school doctors have to be adapted to the methodic needs and the specific requirements of the respective school type, the following frame conditions being the prerequisites:

- The office of the school doctor (size, lighting, aeration, and situation) has to provide the possibility to perform examinations and to have conversations in a discrete atmosphere
- Examination devices
- Medication stock for emergency medical care
- Adequate computer supply/assistance

RESPONSIBILITY OF A SCHOOL NURSE

School nurses provide health services in schools and other educational settings. Their goal is to treat student injuries or illnesses and advise students, their parents or guardians, and staff on health issues. What does a school nurse do?

Apart from injuries and sudden ailments, school nurses may also support students with chronic illnesses and disabilities – for example, by administering medication to them (e.g. insulin injections). School nurses also promote health-related habits (e.g. proper handwashing) and ensure compliance with national and local health policies for schools. This is the listing of the tasks of a school nurse

as per DHA Standards for Clinics in Educational and Academic Settings (2020):

a) Hold a DHA license as a Registered Nurse (RN) and should have at least one (1) year experience of working with children in a school or pediatric setting.

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

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

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

e) Refer to the Physician for advice when needed.

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

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

h) Provide privacy to the student during medical examination.

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

j) Coordinate with classroom teachers to:

- Observe and report students with unhealthy practices.
- Refer promptly to students who are showing signs of visual, hearing, and learning difficulties.
- Refer students with fever, rashes, or unusual behavior
- Report the presence of potential hazards in the classroom.
- Motivate students to enhance healthy practices.
- Report sanitary and safe environment deficits to the school administration.
- Refer to the school health physician, students whose growth and development measurements show deviations from normal.
- Measure the height and weight of students and calculate BMI on an annual basis for all students

k) Plan and conduct health education sessions for parents of students with chronic illness to assist them in understanding their child's disease and needs.

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

m) Plan the vaccination schedule of every student as per DHA Immunization Guidelines and conduct vaccinations under the supervision of the school health physician.

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

Cooperation with school doctor and school nurse Both the school doctor and school nurse carry out their tasks in accordance with the DHA's guidelines and points 5 and 7 above. Both work closely together as a team, coordinate regularly, and exchange information on current topics. The school doctor is superior to the nurse and can give her instructions. The full-time school doctor is listed in the clinic license as medical director. If 2 full-time nurses are employed, a separate agreement must specify which nurse is the head nurse.

33. STUDENT CONFIDENTIALITY AND PRIVACY POLICY

Data protection in schools is a must. Schools work with an incredible amount of personal data. This includes information such as pupil names, addresses, medical information, images, and more. Additionally, information related to job applicants, governors, staff, and volunteers is often stored within a school database.

Personal information can be defined as anything relating to an individual that identifies them. This applies to both physical and digital records.

Examples of personal information that a school may store include:

- Names and dates of birth for both staff and pupils.
- Images of staff and pupils that confirm their identity and can be linked to additional personal information.
- National Insurance numbers.
- Addresses of staff and pupils.
- Recruitment information.
- Financial records, such as tax information and bank details.
- Information relating to pupil behavior and school attendance.
- Medical records, including GP names and medical conditions.
- Exam results and class grades.
- Staff development reviews.
- School assessments and marks.
- Safeguarding information, including data related to SEN assessments.

PRIVACY NOTES

When you collect information concerning a parent, child, or member of staff, you must offer transparency about how this information will be used. Your school has to explain precisely how you will process the personal information of all staff and pupils. Examples include how to arrange school trips, facilitate education, or store grades and exam results.

That said, all school privacy notices need to cover these key areas:

- Information relating to how you intend to collect personal data.
- Any purposes relating to your intentions to process information.
- Your identity, and the identity of your nominated UK representative (applicable to non-British citizens).
- Information on how data will be kept up-to-date
- Details on confidential waste procedures.
- Details related to computer security, such as firewalls and computer passwords.
- Precise information on guidelines and expectations of staff working with personal data.
- Information relating to all 'trusted' third parties involved with accessing or disseminating personal data.
- Details on how personal data is encrypted and secured electronically.
- Procedures put in place in case personal data is stolen or lost.
- Guidelines for transferring or sharing data outside of the school.

GUIDELINES

To reduce risks and keep confidential data as secure as possible, schools must have appropriate security measures in place. Not doing so will make this data extremely vulnerable, increasing the likelihood of security breaches, hefty fines, and potential harm. So, schools should:

- ✓ Install a firewall and virus checker on all computers
- ✓ Password protect all data, where possible
- ✓ Encrypt all electronic personal information
- ✓ Disable any auto-complete settings
- ✓ Keep devices and hardcopy data under lock and key when not in use
- ✓ Check storage systems are secure
- ✓ Limit access to data
- ✓ Shred all confidential documents and destroy electronic waste carriers

- ✓ These are just a few examples of security measures that will help protect data – the more the better.

34. STUDENT HEALTH EDUCATION, COMMUNICATION AND INFORMED CONSENT POLICY

Trust, integrity and competence are the hallmarks of a professional and of professionals-in-training. Being a health professional is a very privileged role. The people we seek to serve, our service users, may be in a vulnerable position or state. Health professionals have entrusted to them the most intimate and sensitive information and experiences. The ONLY way that a healthcare professional can carry out their role effectively, efficiently and safely is by not betraying this trust.

Confidentiality and Informed Consent are essential in the health and social care setting, as maintaining confidentiality and gaining consent promotes trust and individual choice for each service user. Without trust the work of the health professional is compromised and can be virtually impossible. Service users have an expectation, and a legal right, that anything they entrust to a healthcare professional is used only for the benefit of the service user; to enhance or maintain their health, wellbeing and safety. This right is enshrined in legislation to which everyone as a professional, or professional-in-training, must adhere.

It is essential that as a student you abide by your respective professional code of conduct/codes of practice when gaining informed consent and maintaining confidentiality.

It is important that you are aware that any breach of confidentiality or failure to gain informed consent, in any setting, will be deemed to be unprofessional conduct and may result in the University Fitness to Practice procedure being invoked. By 'setting' the School is referring not only to

the practice environment but also within the University and a student's digital presence i.e. social networking.

1. CONFIDENTIALITY

When a service user/fellow student discloses information to a health professional (including you as a student) it is reasonable to expect that this information is held in confidence.
The professional has a duty of confidence not to disclose the information in a form that might identify the individual without their permission.

2. INFORMED CONSENT

It must be emphasized that the concept of consent is twofold with respect to the health profession students. Firstly, there is consent to deliver care and secondly consent to share information not directly relevant to care delivery, i.e. for educational purposes, vaccination checklist, vaccination notification form etc.

GUIDELINES

Consent is required for:

- Case studies that contain specific service user/career/family information, i.e.
- Problems, condition, demographic detail, unusual circumstances, employment.
- Reflection that includes service user history or other significant information (as above).
- Critical incidences that include service user history or other significant information (as above).
- Information about colleagues.

Consent is not required for:

Critical incidences and generalized reflection, focusing on practice when discussing one's own feelings about a situation rather than the specific circumstances of the service user. Please note that if informed consent has not been obtained for any piece of summative assessment that relates to a service user/career/colleague, then the Academic Misconduct Regulations will be instigate.



Signature of Principal:
Last amended: August 2026
Policy Review Date: September 2027

www.pacespringfield.com

مدرسة بيس سبرينق فييلد انترناشونال
PACE SPRINGFIELD INTERNATIONAL SCHOOL