



مدرسة سمارت فيجن
SMART VISION SCHOOL

SCHOOL CLINIC MANUAL POLICIES AND PROCEDURES

Date:

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I. The School Clinic and The Medical Team

1. School Clinic

In accordance with School Health Guidelines and Policies mandated by the Dubai Health Authority, Smart Vision School Clinic provides primary and preventive healthcare to ensure positive health and safe environment to children, parents and staff in school.

The School Clinic is licensed by Dubai Health Authorities Regulation and is properly maintained and made accessible to accommodate disabled individuals. Well equipped with the necessary medical equipment to provide a quality care with one qualified full time nurse from 7:30 AM to 4:00 PM and a visiting licensed doctor, both certified in CPR and AED.

2. School Doctor

A visiting doctor should be available in the school clinic at least twice per week for at least 2 Hours in each visit.

School Doctor can be one of the following:

- Specialist Pediatrician
- Specialist Family Physicians
- Specialist Community Medicine
- General Practitioner

Roles and Responsibilities:

- a.) In coordination with the licensed school nurse, regularly checks the school's environment to ensure of its cleanliness and safety. Implementing all school health protocols and guidelines.
- b.) Plans and conducts non-invasive medical examinations on students as per school health record at school entry, Yr. 1, Yr. 5 and school leaving.
- c.) Records all finding in the school health record, specifying any defect or abnormality.
- d.) Refers and follows up students with abnormal finding to the health center/clinics of DHA or to their family physicians for further investigation and health care.
- e.) Writes standing order of drugs/treatments, which can be administered to the student by the school health nurse in the absence of doctor.
- f.) Assess immunization record of students in accordance to National Immunization Program.
- g.) Liaise with the school health nurse in prevention and control of communicable diseases.
- h.) Participates in planning and conducting health education activities in the school.
- i.) Acts as a counselor in guiding the school administrators, teachers and parents to discuss any health problem of a student, whenever needed.

3. School Nurse

The school nurse shall hold a DHA license as registered nurse or community nurse and should possess at least 1 year experience of working with children in a school or pediatric setting. There shall be one full time nurse in every 1000 students.

Roles and responsibilities:

- a.) Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in good working condition in the school health office.
- b.) Assess needs of students (examine/observe) who require first aid care and administer appropriate care including medication administration.
- c.) Assist doctor with the annual physical examination to students including height and weight measurement, BMI calculation and visual screening.
- d.) Refer to the school doctor advice when needed.
- e.) Provide privacy to the student and maintain health record of students with confidentiality.
- f.) Liaise with and support the school staff in implementing the school health activities.
- g.) Coordinate with classroom teachers to:
 - Observe and report students with unhealthy practices.
 - Refer promptly student who are showing signs of visual, hearing and learning difficulties.
 - Refer student with fever, rashes or unusual behavior.
 - Motivate students to enhance healthy practices
 - Report potential hazards to the classroom, sanitary and safe environmental deficits to the school administration.
- h.) Conduct health education sessions to meet the learning needs of students.

3.1 In the Absence of School Nurse

In the event that the nurse is sick, the school shall provide a nurse cover to substitute with equivalent qualification on the premises.

II. Policies and Procedures

1. Student Health Examination and Screening Policy

The DHA guideline for conducting health examination to all students is an essential role of both school nurse and the doctor. In accordance with the Department of School Health Guidelines and Dubai Health Authority, it is required to perform a non-invasive medical examination to the following:

- All new students.
- Year 1
- Year 5
- Leaving Students
- Annual Growth Screening and BMI are required to be taken to all students.

Policy Procedure, Roles and Responsibilities:

- a.) Parents – Medical Consents forms are available upon admission and is required to be filled completely and return to admissions office before or at the start of school.
- b.) The parents will be informed in advance prior to the actual start date of Physical Examination.

- c.) Parents who prefer to avail the examination from their family doctor shall inform the school health office and are requested to provide a medical examination report which will be attached to the student's medical file.
- d.) The school doctor in the presence of the school nurse will carry out the routine medical examination according to the criteria established by the DHA.
- e.) All findings will be recorded in the school medical file and will be shared to parents if necessary and if found any abnormality during examination.
- f.) Referral and follow-up is made accordingly as needed.

2. Medical File and Health Record

Student health records are kept in school and is only accessible to the clinic personnel and authorized school staff. The policy ensures that standards for documentation and management of health care records are maintained consistent in line with health regulations authority.

- Medical record include information regarding but not limited to:
 - a) Health history, including chronic conditions, and treatment plan.
 - b) Screening results and necessary follow up.
 - c) Immunization status.
 - d) Health examination reports.
 - e) Medical, Medication Administration and necessary consents.
- Known allergies and untoward drug reactions should be highlighted.
- Organize records in a manner that facilitates continuity of care.
- Whenever a student transfers to another school at any Grade, a copy of the complete cumulative health record shall be transferred at the same time to the health personnel of the school to which the student is transferring or handed to parent, as appropriate.
- The health record shall be maintained in school for a minimum of 5 years after students leaves the school.
- Clinic activity, administration of medication and care is recorded on a daily basis and is reported to School Health Regulations annually.

3. First Aid and Minor Injuries

The school clinic is a well equipped with the appropriate medical equipment, supplies, and pharmacological agents which are required in order to provide first aid and medical management and other emergency services.

3.1 Minor Injury

- Minor Injuries are generally treated in the clinic with appropriate first aid.
- A call is made to parents if there is any concern, a visible sign of injury no matter how small it is considering necessary for student's condition.
- A clinic visit note (white copy) is sent with the student as to what caused the visit, treatment and disposition of the student for teacher's reference before sending to parent. The pink copy will be in clinic for records.

- All health issues and treatment provided are documented in the log book maintained at the clinic.
- Section lead will be informed as soon as possible of all requiring calls to parents and inform of any concern regarding parent response. NB minimum time – all must be reported to section lead by end of every day.
- Injuries in this category include but not limited to:
 - a.) Superficial injuries; scratch, fingertip cuts not more than 1cm.
 - b.) Bump/hit by something without bruising/lump.
 - c.) Mild pain, minimal swelling and is self-limiting.

3.2 Significant Minor Injury

- Injuries such as severe abrasions with bleeding, cuts and bruises, swelling, lump, dislocation, strain/sprain. The school nurse shall assess thoroughly, take necessary interventions as per scope of practice, and make judgement on the situation.
- Parents should be informed through phone call as soon as possible.
- A detailed incident report shall be completed by the witness and school nurse.
- All incidents with parent contact shall be reported to the section head at the end of each day.

3.3 Head Injury

- If a child sustained a head injury while at school, parents will be informed through telephone and will be advised to monitor child and a note as to what necessary precautions to be taken at home following the injury (e.g. vomiting, dizziness) will be sent to the parents along with the accident/incident report.
- Head injuries must have immediate medical attention if:
 - there is a cut or laceration on head or scalp.
 - There is a bleeding or fluid coming from the nose or ear.
 - Child vomits, disoriented or unconscious.

3.4 First Aid Kits and First Aid Trained Staff

- First Aid kits are assign and posted in common areas around the school as well as First aid responders' name, location and contact details.
- Kits are regularly checked by the school nurse and a log is maintained when used and shall replenish supplies when needed.
- Whenever there is a trip, a first aid kit must be taken to the trip together with a certified first aid trained staff and must be returned back in a good condition.

General Procedure, Roles and Responsibility

- If an incident/accident happened and the injured person is alert and able to walk, class teacher, staff member or any witness shall take the injured person in the clinic for appropriate care.
- If an incident whereas the injured person does not seem able to move or neck injury is suspected, do not try to help them move unless the area is not safe.

Stay with the injured person and promptly send someone to contact the school nurse or a first aid trained staff and alert the Principal. Do not leave the person unattended.

- Qualified first aid trained staff should be able to administer first aid as appropriate in the absence of the school nurse or when it's deemed necessary.
- A school incident report form must be completed by the witness and the school nurse signed by Section Lead or Principal. The report will be filled in Principal's office and student medical.

4. Accident and Medical Emergencies

Should hospital treatment be required for any injuries, the following procedure must be followed:

4.1 Accidents That Do Not Require Immediate Hospital Transfer.

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

- 1.) The first responder will assess if the student should be sent to the clinic and/or stabilize the student.
- 2.) The second responder will contact the nurse and alert the Principal of the accident or incident.
- 3.) The nurse should attend to the student. Move the student into a quiet, secured area once assessed.
- 4.) Parents should be contacted and informed of the incident and will be referred for an advanced medical intervention or follow up.
- 5.) The student must be kept under supervision and monitored until recovered or until parent/guardian arrives.
- 6.) If the school is unable to contact parent and the student requires further treatment, he/she shall be taken to the nearest hospital and is accompanied by assigned staff by the Principal. Effort to contact parent will continue.
- 7.) An incident form must be completed by all witnesses and the school nurse which will be signed by the Head of Department and Principal within 24hours.

4.2 Accidents and Emergencies That Require Hospital Transfer

Incidents and Accidents that requires immediate hospital transfer are classified as any injury that could potentially prolonged disability and is life threatening. Belonged to this classification are:

- a.) Unconscious, lethargic, or unusually confused.
- b.) Difficulty breathing, shortness of breath, airway is blocked or not breathing.
- c.) Severe bleeding or bleeding that won't stop.
- d.) Coughing up or vomiting with blood.
- e.) A child that had seizure for the first time, a seizure that last more than 5 minutes, or an atypical seizure.
- f.) Severe injuries to the head (i.e. cut and bleeding scalp), eye, neck or back.
- g.) Broken bone.

- h.) Deep, extensive wound.
- i.) Sudden, severe pain anywhere in the body that is not alleviated with initial intervention.
- j.) Moving child could cause further injury.
- k.) Unsure of the situation or injury.

In the event of any incident/accident mentioned above:

- 1.) The first responder should assign someone to call for the nurse and Principal.
- 2.) School Nurse shall attend immediately and make necessary intervention to the student.
- 3.) The Principal or Reception promptly activates Emergency Medical Services or Ambulance at 998, security and inform parents of the student's condition and to meet their child at the hospital.
- 4.) The Principal should arrange a staff member to escort the student or staff in the ambulance to the hospital.
- 5.) Student's school medical file should be brought to the hospital for needed information together with the details of any medication and first aid administered in the school.
- 6.) The accompanying staff must stay at the hospital until parents arrived and all procedures are settled.
- 7.) An incident form must be completed by all witnesses and the school nurse which will be signed by the Head of Department and Principal within 24hours.
- 8.) The school nurse will follow up daily with parents via telephone until the student is released from the hospital and at least once after discharged. All information and update on student shall be documented and attached accordingly on student's school medical file.

5. Medication Dispensation

The school clinic has its own basic supply of medications. Prior to administration of any medication to a child, parents will be notified and verbal consent via phone shall be obtained. However in case of emergency whereas parents are unable to contact, it will be at the discretion of the school doctor/nurse to medicate the child if deemed necessary (in such cases as high fever, with history of febrile convulsion, severe allergic reactions, injuries, etc.).

5.1 Storage Recommendations

- All school medications and those brought to school by the parents will be kept in the school clinic in a locked cupboard or locked refrigerator.
- Medications sent to school must be in their original packaging and should be labeled with student's name, required dose, timing and route of administration.
- As per the DHA School Health, all medication required by students in school, must be accompanied by a doctor's prescription.
- The cupboard will be locked at all times and the keys will be kept out of students' reach.

- A list of all medications and their expiry dates, recommended dose, side effects will be kept in the cupboard.
- If a child has a history of Asthma or allergic condition requiring the use of inhaler, nebulizer or an EPIPEN, it is important that a spare is kept at the school clinic. This then can be given at emergency with prior written consent from the parent and health care provider.
- Epi-Pens are to be stored in a dark place at room temperature. Each Pen will be clearly labeled with the student's name and expiry date.
- The refrigerator temperature will be kept between 2 and 8. Degrees Celsius, medication requiring this temperature will be stored in the refrigerator, e.g. insulin.

5.2 Written Request

- The parent / guardian must complete a Medication Authorization Form prior to administration of any medication within the school, and must be accompanied by doctor's note if prescription.
- Where a child travels by school transport, medications can be handed over to the transport assistant with a copy of prescription and/or a signed note of the parent/guardian.
- A separate request form must be completed for each medication.
- A new request form must be completed for any change in the original request.
- A medication request form is valid for the current school year and must be renewed at the beginning of each year.
- Requests forms will be maintained by the school nurse and kept in the student's medical file.
- All information requested on the form must be provided before any medication may be administered. This information includes:
 - a. Students name.
 - b. Name of medication.
 - c. Dosage of medication.
 - d. Route to be given.
 - e. Time and dates of administration.
 - f. Date request made.
 - g. Reason for the medication and/or any side effect.
 - h. Parent/ guardian signature.

5.3 Administration

- No medications shall be dispensed at school without parental authorization.
- No other SVS staff other than the nurse shall administer any medication, prescription or over-the-counter, without the knowledge and approval of Principal.
- The 10 R's of drug administration will be used at all times when administering medications i.e. right person, right medication, right time, right dose, right

route, right documentation, right reason, right to refuse, right client education and right assessment.

- Prescribed and non-prescribed medications required by students should be administered at home wherever possible. Parents are encouraged to set medication times to outside of school hours.
- Where home administration is not possible, the school nurse may administer medication in accordance with the school guidelines.
- The school nurse will keep the medication records and keep daily logs of school-dispensed medications.
- Parents or guardians must pick up all medications after they are discontinued.
- Non-traditional forms of medication e.g. herbal or home remedies will not be administered in the school (as dosage and action cannot be determined).
- All school supplied medication will be signed for by the school doctor, this includes oxygen.

5.4 Emergency Medications

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

6. Infection Control and Prevention

Smart Vision School in accordance with DHA Infection Prevention and Control Guidelines reserves the right not to admit any student onto the premises who appears to be suffering from an infections or contagious disease to prevent and control the spread of infection.

6.1 Sickness and Fever

- A student who is unwell on arrival to 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.
 - a.) Fever (37.7 degrees Celcius)
 - b.) Diarrhea or vomiting (even once).
 - c.) Eye or ear discharge.
 - d.) Red, watery, itchy eye. With or without discharge.
 - e.) Rash of unknown origin.
 - f.) Ringworm.
 - g.) Known contagious infections.
 - When a child has temperature of 37.7 Celcius (100 °F) or more should not be sent to school and must stay at home well rested.
 - Student can return to school if fever free for at least 24 hours without taking fever reducing medicine such as Adol, Panadol or Nurofen.
 - In case that a child develops fever at school, the parents are contacted immediately and must pick up child as soon as possible.

- Feverish and distress student will not be allowed to go home by bus.

6.2 Exclusion of The Infectious Source

- Many infectious diseases are most transmissible as or just before symptoms develop. It is important therefore that student and staff who are ill when they come to school, or who develop symptoms during the school day, should be sent home.
- Whenever possible, ill students should be removed from the classroom while waiting to go home.
- For most illnesses, students and staff may return to school once they feel well enough to do so. In some instances however, it may be necessary to exclude students and staff from school for specified periods to prevent the spread of infection. The full list of exclusion criteria from Dubai Health Authority is outlined in appendices.

6.3 Infectious Outbreak

Where there may be cases of infectious outbreak:

- Student must be isolated in a negative pressure room if possible and necessary.
- The School Doctor or the Principal in the absence of the doctor will contact the parents to discuss the situation and notify that their child must be picked up from school immediately.
- School doctor or the Principal with the assistance of the nurse will contact the epidemiology section of Primary Healthcare Center to get necessary information and access to e-notification system of Dubai Health Authority.
- Smart Vision School staff and family will be informed. Necessary information, precaution, and recommendations from the Communicable Disease Control Department of the Dubai Health Authority shall be disseminated.

6.4 Implementation of Standard Precautions and Good Hygiene Practice

Identification and exclusion of potentially infectious individuals will not effectively control the spread of infection in school. Standard precautions and good hand hygiene are the best practices in preventing spread of communicable disease.

6.4.1 Hand Hygiene

Hand washing is the single most effective way to prevent the spread of infection by removing and destroying germs that are picked up on the hands.

- Students of all ages should be encouraged to wash their hands and school staff should avail of every opportunity to emphasize the importance of clean hands to students in the prevention of the spread of infection. School staff should 'lead by example'.
- Smart Vision School provides adequate hand washing facilities on the premises.
- Hand washing facilities are well maintained with wash hand basins, fresh running water, liquid soap dispensers, paper towels and foot operated pedal bins.

When to Wash Hands

- 1.) Before

- Handling or preparing food
 - Lunch and meal breaks
 - Providing first aid or medication
- 2.) After
- Providing first aid or medication
 - Touching blood or body fluids
 - Using the toilet
 - Coughing, sneezing or wiping ones nose
 - Touching animals
 - Removing protective gloves

How to wash hands

- 1.) Wet hands under warm running water to wrist level.
- 2.) Apply liquid soap. Lather it evenly covering all areas of the hands for at least 10 seconds. Include the thumbs, finger tips, palms and in between the fingers, rubbing backwards and forwards at every stroke (see Posters on hand washing technique in the Appendices).
- 3.) Rinse hands off thoroughly under warm running water.
- 4.) Dry with paper towel using a patting motion to reduce friction.
- 5.) Use the disposable paper towel that has been used to dry the hands to turn off taps.
- 6.) Dispose of the disposable paper towel in a waste bin using the foot pedal to avoid contaminating hands that have just been washed.

Alcohol based hand rubs/gels

- Alcohol based hand rubs/gels are not a substitute for hand washing with soap and running water and are not generally recommended for routine use in educational settings because of concerns over safety, and the fact that the rubs/gels are not effective when used on hands that are visibly dirty (a common feature among school children).
- Alcohol-based hand rubs and gels are a good alternative when soap and running water are not available, (e.g. on a field trip or excursion) as long as hands are not visibly dirty. If hands are visibly dirty, liquid soap and water must be used.

How to Hand Rub

- 1.) Apply the required volume of the product to the palm of one hand and rub the hands together. The amount of gel used should be enough to keep the hands wet for at least 15 seconds.
- 2.) Ensure all surfaces of the hands and fingers are covered with the gel and keep rubbing until the hands are dry.

6.4.2 Personal Protective Equipment

a.) Medical/Examination Gloves

- Disposable, powder free gloves made of natural rubber latex or nitrile. Suitable in dealing with certain circumstances as they have good barrier properties.
- Use of medical examination gloves are recommended for:
 - 1.) Dealing with nosebleeds or cuts.

2.) Handling items, surfaces or clothing soiled with blood or body fluids.

- Single used gloves should be discarded after use or if punctured, torn or heavily contaminated.
- Hands must be washed after use of gloves.
- Gloves are not a substitute for hand washing.

b.) Household Gloves

- Rubber gloves should be used as a protection of the hands while:
 - 1.) Cleaning and dealing with chemicals.
 - 2.) Disinfecting areas contaminated with feces, vomit or urine.
- Should be durable so they do not rip or tear during use.

6.4.3 Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette are effective ways to reduce the spread of germs when coughing and sneezing.

- Everyone should be encouraged to turn away when sneezing or coughing.
- Everyone should cover their mouth with a tissue (or their sleeve if there are no tissues available) when they cough or sneeze and wash their hands afterwards.
- Everyone should put their used tissues in a bin and wash their hands after contact with respiratory secretions.
- In addition:
 - 1.) Older children should be encouraged to keep a box of disposable paper tissues in their school bags for use as needed.
 - 2.) For younger children, a plentiful supply of disposable paper tissues should be available in classrooms especially during the 'flu season'.
 - 3.) Foot operated pedal bins that are lined with a plastic bag should be provided for disposal of used/soiled tissues.

6.4.4 Management of Cuts, Nose Bleeds and Bites

When dealing with cuts, nose bleeds or bites, school staff should follow the school's first aid procedure. First aid kits should be readily accessible at all times.

- Cuts, abrasions or sores should be covered with a waterproof dressing.
- Absorbent material should be used to stop bleeding.
- Disposable latex or nitrile gloves should be worn by school staff when there is visible blood or they are dealing with open cuts.
- Hands should be washed immediately with soap and water after gloves are removed.

a.) **Dealing with nosebleeds**

Nosebleeds are very common in children. Most stop within a few minutes however some can be quite severe.

- 1.) Put on gloves before giving direct assistance.

- 2.) Get the student or staff member to lean forward (so that the blood doesn't run down the back of his/her throat making them cough or splutter).
- 3.) Apply pressure to the nose by placing the fingers at the side of the bleeding nostril with the thumb against the opposite cheek and compress gently.
- 4.) If the bleeding persists despite 10-15 minutes of pressure applied in this way, the pupil/staff member should be referred for medical treatment.
- 5.) Once bleeding has stopped any areas contaminated by blood should be cleaned. It is not unusual for children to cough or vomit swallowed blood after they have had a severe nosebleed.

b.) Dealing with cuts or lacerations

- 1.) Determine cause of injury.
- 2.) Put on disposable gloves.
- 3.) Stop the bleeding by applying pressure to the wound with a dry clean absorbent dressing.
- 4.) Place a clean dressing on the wound and refer for medical treatment if needed e.g. stitches required or bleeding that cannot be controlled.
- 5.) Once bleeding has stopped, dispose of the gloves in a separate, hazardous waste bag (yellow).
- 6.) Wash and dry hands.

c.) Dealing with bites

Human mouths carry a wide variety of germs, some of which can be transmitted to others by bites. Human bites resulting in puncture or breaking of the skin can cause certain bacterial or viral infections so it is important they are managed promptly.

- If the skin is not broken:
 - 1.) Provide reassurance.
 - 2.) Clean area with soap and water.
 - 3.) Apply cold pack to reduce inflammation.
- If the skin is broken:
 - 1.) Encourage the wound to bleed if not bleeding freely (apply pressure to the sides of the wound).
 - 2.) Wash the wound thoroughly with running water.
 - 3.) Cover area with a waterproof dressing.
 - 4.) If the bite is on the hand the arm should be elevated.
 - 5.) If the biter has blood in the mouth they should swill it out with tap water.
 - 6.) Students or staff who may have been exposed should be medically evaluated either by a GP or in a hospital emergency department.

6.4.5 Spill of Blood or Body Fluids Management

In event that accidents occur on school premises, which result in the environment becoming contaminated with body fluids including blood, vomit,

urine or feces. This can present a potential risk of infection spreading to others so it is important that all spills are cleaned up as soon as possible.

Procedure to be taken:

- 1.) Make the area safe
 - Keep everyone (students, staff, parents and guardians) away from the spill.
 - Open nearby windows if the room is small and if you are going to use a chlorine releasing disinfectant.
- 2.) Protect yourself
 - Cover any cuts or abrasions on your hands with a waterproof dressing.
 - Always wear gloves and remember to wash your hands after removing used gloves.
- 3.) Fetch
 - A pair of disposable gloves.
 - A disposable plastic apron if splashing to clothing is likely.
 - Absorbent disposable paper towels or kitchen towel and waste bag.
 - A bucket, warm water and detergent.
 - Chlorine releasing disinfectant i.e. bleach (**not required for spills of urine**) or a commercial spill kit.
- 4.) Clean Up Body Fluids
 - Put on gloves.
 - Place the paper towels/kitchen roll over the spill to soak up the fluid.
 - Carefully remove the paper towels and discard directly into a plastic bag.
 - Clean the spill area with warm water and a general purpose detergent (e.g. washing up liquid or a floor cleaner for floors).
 - Disinfect the area with a low a low concentration of bleach solution and allow to air dry.
 - Discard used gloves and soiled towels/cloths into a plastic bag. Tie the bag securely and place in the general domestic waste.
 - Wash your hands thoroughly with soap and water and dry with paper towels.

7. Environmental Hygiene

Cleaning and disinfection is essential and a vital part of good infection prevention and control.

7.1 Cleaning

Normal cleaning methods, using household detergents and warm water is considered to be sufficient in reducing number of germs in the environment to a safe level.

- All areas should be cleaned regularly on a daily basis.
- Cleaning shall be monitored to ensure that they are adequate with the use of written cleaning schedule and checklist.
- Use of warm water and general purpose detergent as basic cleaning agent.

General Principles

- Always clean the least dirty items and surfaces first (e.g. countertops before floors, sinks before toilets), so as high surfaces then low surfaces.
- Water should be changed when it looks dirty, after cleaning pantries and after cleaning bathroom.
- Separate color coded cleaning cloths should be used for eating areas, classrooms and toilets.
- Reusable cleaning cloths and mop heads should be washed daily on a hot wash cycle (at least 60C) in a washing machine.
- Empty buckets after use, washed with detergent and warm water and stored dry.
- No mop heads should be left soaking in a dirty water.

7.2 Disinfection

In circumstances where there is a higher risk of cross infection and there is a presence of confirmed case of infectious disease, routine cleaning is not sufficient to destroy bacteria from surfaces.

When using disinfectants remember:

- Chlorine releasing disinfectants (bleach) are corrosive and can damage furnishings and fabric and should not be used on carpets or wooden floors.
- Use disinfectants carefully and always read the manufacturer's instructions on dilution and contact times.
- Always wear rubber gloves when handling disinfectants to avoid contact with your skin.
- Do not mix disinfectants with hot water or other products as it can emit fumes that can be irritating to your eyes or lungs.
- Avoid touching your eyes when handling bleach. If bleach splashes into your eyes, rinse immediately with lots of cold water (for at least 15 minutes) and consult a doctor.
- If disinfection is required, always clean first and rinse with water afterwards.
- If a spill happens on a metal surface or the surface might come in direct contact with skin or clothing, the surface should be rinsed off with water after using the disinfectant to prevent the effects of bleaching and rusting.
- Always store chemical in a cool shaded place out of reach of children.

Table 1. Dilution Chart for Disinfectants.

ion		
Household Bleach (e.g. Clorox)	Blood/body fluid spillages and items contaminated with body fluids. Confirmed case of infectious disease.	Add 25mls bleach to 1 L water.

Milton Tablets	Blood/body fluid spillages and items contaminated with body fluids Confirmed case of infectious disease.	Add 1 tablet Milton to every 5 L water
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7.3 Toys Cleaning and Disinfecting.

A schedule on cleaning and disinfecting school toys should be followed on a regular basis of at least once week and when obviously soiled. It serves a good practice in the prevention of cross infection in school.

To clean and disinfect hard plastic toys:

- 1.) Wash and scrub toys in warm soapy water. Use brush to reach into the crevices.
- 2.) Rinse toys in clean water.
- 3.) Immerse toys in a low bleach concentration water and allow required contact time to eliminate germs and bacteria.
- 4.) Remove toys from the bleach solution and rinse well in a cool water.
- 5.) Air dry.

To clean cloth, stuffed toys and dress up clothes: Wash in a washing machine using hot cycle.

To clean wooden or electronic toys: Wipe with a damp cloth and dry.

7.4 Linens Laundry

Used and soiled linens are washed in hot cycle washing machine regularly on a weekly basis. Laundry log book is maintained and should be monitored by the head of the department.

8. Immunization

School Health Department of the Dubai Health Authority requires that school should maintain current information of each child's immunization.

- Parents are required to submit an updated copy of the original vaccinations document to the school clinic for the record purposes prior to the start of school.
- Parents will be notified via phone and notification letter when their child's next immunization schedule is due as per school clinic record.
- Parents are responsible for their child's immunization schedules since Smart Vision School does not have any immunization program.

Table 2. Dubai Health Authority Recommended Childhood Immunization

Age	Vaccine	Immunization Against
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At Birth	BCG (Bacillus Calmette-Guerin) HepB^{1st}	Tuberculosis Hepatitis B
2 Months	Hexavalent (DTaP ^{1st} -HepB ^{2nd} -IPV ^{1st} -Hib ^{1st}) PCV^{1st} (Pneumococcal Conjugate)	Diphtheria, Tetanus, Pertusis, Hepatitis B, Poliomyelitis, Haemophilus Influenza B Pneumococcal (vaccine serotypes)
4 Months	Hexavalent (DTaP ^{2nd} -HepB ^{3rd} -IPV ^{2nd} -Hib ^{2nd}) PCV^{2nd} (Pneumococcal Conjugate)	Diphtheria, Tetanus, Pertusis, Hepatitis B, Poliomyelitis, Haemophilus Influenza B Pneumococcal (vaccine serotypes)
6 Months	Pentavalent (DTP ^{3rd} -HepB ^{4th-B} -Hib ^{3rd}) PCV^{3rd} (Pneumococcal Conjugate) OPV (Oral Polio Vaccine)	Diphtheria, Tetanus, Pertusis, Hepatitis B, Haemophilus Influenza B Pneumococcal (vaccine serotypes) Poliomyelitis
12 Months	MMR^{1st} Varicella^{1st}	Measles, Mumps, Rubella Chickenpox
18 Months	Tetravalent (DTaP ^{4th} -Hib ^{4th}) PCV^{4th} (Pneumococcal Conjugate) OPV^{1st-B} (Oral Polio Vaccine)	Diphtheria, Tetanus, Pertusis, H. Influenza B Pneumococcal (vaccine serotypes) Poliomyelitis
5-6 Years (YR 1)	DPT MMR^{2nd} OPV^{2nd-B} (Oral Polio Vaccine) Varicella^{2nd}	Diphtheria, Tetanus, Pertusis Measles, Mumps, Rubella Poliomyelitis Chickenpox

9. Head Lice

Head Lice is a common problem amongst children and is easily treated and prevented. Whilst parents have the primary responsibility for the detection and treatment of head lice, the school work in a cooperative and collaborative manner to assist in managing head lice effectively.

Prevention and Control

- Students should never share hats, combs, hair brushes and other hair dresses.
- Avoid head-to-head contact with other children.
- Regularly machine washed shared dress up clothes weekly and when there is a head lice case.
- Vacuum carpets and floor regularly.
- Watch students for signs of head lice infestation and report to the school clinic for screening.
 - a.) Scratching of head and back of ears.
 - b.) Visible eggs and possible lice.

- c.) Any suspicious bug or insect in hair.
- d.) Red scratch marks on scalp or nape.
- If found to have head lice, parent will be called to pick up child the earliest possible. If only nits are found, student will be allowed back to class with a note and parents will be informed via phone.
- Students will be allowed back to school as long as proper treatment has commenced.
- The infested student will periodically be re-inspected for live lice by the school nurse.
- A letter will be sent to parents of all class that a confirmed head lice has been detected and will be ask to do a thorough head check using the recommended guideline.
- Parents should inform the school if found to have head lice at home and start the treatment.

Checking Hair for Head Lice

- Routine whole class head and/or hair checks are not undertaken as this is not efficient or effective strategy for head lice control. Head lice move at up to 30 cm per minute. They move rapidly away from searching hands and so an infestation may easily be missed.
- Most children do not have head lice, so valuable class time is wasted checking children unnecessarily.
- It is the responsibility of individual parents to check their own child's hair for head lice. Screening for head lice is most effectively undertaken by parents combing their child's hair with a metal nit' or a fine toothed comb, using hair conditioner to slow down the head lice, as described in the Head Lice Fact Sheet or How to check hair effectively for Head Lice.

10. Allergy Management

Smart Vision School aims to provide a safe and supportive environment to students with allergies and at risk of anaphylaxis to be able to participate fully in all school activities or any school events.

Allergies or allergic reaction happen when immune system overreacts to substances called allergens. Common allergens include pollen, pet dander, bee venom and some are allergic to certain foods and medications.

Anaphylaxis is the most severe case of allergic, rapidly progressive reaction that affects the entire body and is potentially life threatening, particularly amongst children and young adult.

Roles and Responsibilities

- Parents are responsible for providing, in writing, ongoing accurate and current medical information to the school. The school will seek updated information via medical form during admission and at the commencement of each calendar year. Any change in a child's medical condition during the year must be reported to the school.
- List of students with allergy will be given to the teaching staff, admin staff and supervisors. It will include a photo of the student and specific information about their allergy, symptoms and if Epi-pen required.
- For students with an allergic condition, the School requires parents / guardians to provide written advice from a doctor, which explains the condition, defines the allergy triggers and any required medication. All information to be transcribed in their Individual Health Care Plan.
- Teachers and teacher aides of those students and key staff are required to review and familiarize themselves with the medical information.
- Action Plans with a recent photograph for any students with allergies will be posted in relevant rooms with parental permission.
- Regular checking and monitoring school ground for insect infestations and regular pest control.

Safe Classroom Management for Children with Allergies

- Students with allergies must only eat the food they bring from home.
- Sharing food is not permitted.
- Desk and other eating surfaces kept clean after food.
- Hand washing before and after eating.
- Information regarding the student's allergy must be reviewed and file.
- "No Nuts" or any form of nuts is restricted in school.

11. Medical and Hazardous Waste Management

The policy sets out to establish appropriate handling, collection and disposal of wastes by type in order to safeguard and protect school public health.

Smart Vision School is in agreement with Averda in collecting school medical and hazardous waste in compliance with all laws, standard, policies and codes by the applicable Dubai authorities.

Medical and Hazardous Waste includes:

- Used bandages, dressings, cotton swabs and discarded used gloves.
- Any kind of waste containing infectious or potentially infectious materials.
- Other medical supplies that may have been in contact with blood and bloody fluids.
- Sharps: used needles, syringes and any other medical or laboratory instruments or glassware that might cause punctures or cuts.

General Procedures:

- All school waste should be separated according to types.

- All medical waste shall be packaged, contained and located in a secured room not accessible to unauthorized person. Licensed contractor shall collect the medical waste once a month and it shall be monitored and recorded.
- Bins must be emptied regularly. Lids to all bins must be kept closed at all times.
- Bins must be squeezed to reduce the air and then tied up to reduce the likelihood of unpleasant smells. The lack of air slows down the general decomposition.
- Cleaners should abide to Infection Control Policy.
- Sharps should be discarded in a sharp safe container, kept above ground level and should be for disposal 3 months after opening or when it is 2/3 filled.
- Personal protective equipment (PPE) must be worn where there is a risk of splashing or contamination.
- No waste should be stored on main corridors, along fire escape routes or blocking fire exits.

Collection and Disposal of Waste

a.) **Clinical/Infectious Waste**

- Handle all waste bags and containers with care to avoid injury or risk of infection to yourself or others.
- Handle waste bags by the neck only. Do not clasp bags to the body when moving/handling.
- Secure and seal properly.
- Only fill waste bags to $\frac{3}{4}$ capacity to allow tying or sealing to take place safely.
- Check to ensure waste bags/containers are not split or leaking –if they are, re-package the waste correctly.
- Clinical/infectious (yellow) waste bags should be placed in the green bin. No sharps containers should be mixed with this bin. A different contractor will come and collect the sharps.
- Keep waste storage areas/containers secure always and accessible only to authorized persons.

b.) **Sharps**

- Assemble sharps containers properly, ensuring that the lid is securely in place before using.
- Mount sharps containers safely and appropriately, preferably using the supplier's brackets (i.e. on trolleys, wall mounted, etc). Do not place sharps containers on the floor, where they can easily be tripped or kicked over.
- Label the container appropriately indicating date of opening, closing, school name and Nurse's initials.
- Fill sharps containers only to the indicated fill line and then seal.

c.) Chemical Waste

- All chemicals used should be disposed of safely and properly, with advice sought from a suitably qualified person as and when required.
- Under no circumstances should any chemicals or associated containers be disposed of into the clinical or domestic waste streams, without risk assessments being undertaken or guidance sought from a suitable qualified person.
- Users of chemicals should be aware that all chemical containers, unless completely empty (i.e. rinsed out) are generally contaminated and classified as the chemical they contain, unless determined otherwise by risk assessment.
- Any waste chemicals, paints and solvents awaiting collection must be stored in a secure area. Care should be taken to ensure that no incompatible products are stored together.

12. Diabetic Care Management and Glucagon Administration

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

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

As DHA Requires:

- a.) The nurse requests for an Individualized Health Care Plan and Emergency Health Care plan from parents duly completed by the child's attending physician.
- b.) Annual written authorization for the provision of care.
- c.) Authorization for release and sharing of certain medical information. Serves as conduit for sharing of medical information and communications with parents.
- d.) Develops and updates the student's Individualized Health Care Plan

The Individualized Health Care Plan must include:

- a.) Symptoms of hypoglycemia for that student and recommended treatment.
- b.) Symptoms of hyperglycemia for that student and recommended treatment.
- c.) Frequency of glucose testing.
- d.) Insulin and glucagon orders

Administration of Glucagon

- School nurse has primary responsibility for emergency administration of glucagon. It will be administered only with parent's permission if the student passes out, loses consciousness and does not regain it or has a seizure.

- The student is to then be transferred to the nearest hospital for further assessment.

13. Parent Notification

Clinic staff may contact parents or guardian of a child to obtain or verify information about their child's health, give advice of follow up, referrals and before giving medication.

In addition to this, School Nurse may call the parents if:

- a. the child has an injury that is a concern.
- b. the child is sick or has illness that needs to be collected.
- c. if critical emergency occurs.
- d. the child has any suspected deviation on health found during screening test, health examination and observation in accordance with school health regulations.

General Principle

- Parents will be informed through phone call immediately if their child gets unwell and needs to be collected from the school the earliest.
- A child who is in distress, ill and feverish will not be sent home on a school bus. Parents must collect their child as priority.
- School clinic is not designed to provide proper comfort and quiet environment needed by a child that is sick or ill to keep rested.
- School clinic is in constant communication with DHA for guidance to disseminate accurate information in cases of communicable diseases to parents.
- The school clinic staff can be contacted by telephone and email in case of inquiries, assistance and during emergency.