

SCHOOL CLINIC POLICY- 2022-2024



JSSPS SCHOOL CLINIC POLICY

REVIEWED IN SEPTEMBER-2023

SCHOOL CLINIC POLICY- 2022-2024

JSSPS Vision Statement on Wellbeing

At JSS Private School (JSSPS) we promote, develop, equip and prepare healthy learners for life. We are committed to making it our mission to promote resilience, positive wellbeing and mental health for all our pupils and staff. We understand wellbeing to be a state of being comfortable, healthy and happy. We aim to drive this message forward, and to ensure that mental health and well-being is “**everyone’s business**” across the whole school community. We strive to create an environment that has a whole school approach, in providing excellent mental health support, understanding and intervention. We put Wellbeing at the heart of our school to ensure successful learning, and commit to our policies reflecting this practice.

JSSPS Vision Statement on Inclusion

At JSSPS, we adopted a legislative frame work for inclusive education based on UAE Federal Law No.(29), 2006 & Law No.(2) 2014. The implementation and impact of the standards included within Dubai Inclusive Education Policy Framework (2017) are monitored and regulated by the Knowledge and Human Development Authority (KHDA).

We understand that a diversity and inclusion plan will be effective only when founded on a ***true belief in and understanding of the value of diversity and inclusion***. Therefore, we aspire to create a school culture that reflects appreciation for diversity and inclusion at all levels. We know that our mission of driving personal and economic growth through learning and our vision of becoming the best community will only be achieved by hiring and retaining the best people possible while creating a school community that is reflective of the diverse audiences we serve.

JSSPS recognizes that the vibrancy of our community is enhanced by **diversity**, which we define as the range of human differences. We believe a culture of **inclusion** puts diversity into action by creating an environment of involvement, respect and engagement – where a multiplicity of beliefs, interests, experiences, and viewpoints are harnessed to accomplish our goals.

We work to achieve diversity and inclusion by:

- Delivering services in a culturally sensitive manner.
- Fostering an environment in which students and staff embrace and promote inclusion and understanding of the value of diversity as demonstrated through interactions with one another.
- Integrating diversity into strategies, decisions, and teaching-learning processes.
- Aligning diversity and inclusion efforts with strategic imperatives.
- Increasing effectiveness and accountability of efforts by developing measureable goals.

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Introduction

Facilities and Personnel

JSS Private School has a well equipped school clinic with one full time doctor and three full time registered nurses. Automated External Defibrillators devices and First Aid Kits are available at different locations of the school campus to provide optimal care in case of emergencies. Additionally, the clinic staff provides Health Education and vaccination services.

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POLICY IN ADMINISTRATION OF MEDICATIONS

School Policy on Administering Medications to a Child

The school clinic has its own supply of medications. Please see the attached list of medications that are available.

The school doctor should not prescribe Controlled Drugs (CD) and Semi Controlled Drugs (SCD) for students.

The school doctor shall not prescribe medication to student for use after school hours.

Prior to administering of any medication to a Primary School Student, parents will be notified and verbal consent will be obtained. However, in case of emergency, and if parents are not reachable, it will be at the discretion of the school doctor to medicate the child (in such cases as high fever, allergic reactions, injuries, etc).

Parents of Secondary School Students will be notified when a student visits the school clinic repeatedly with the same complaint.

Analgesia (pain relief medication) will not be administered to the same student more than two times a term without parent consent. Students may receive such medications as Paracetamol, Ponstan, Advil, etc. several times during a term if required.

Students are not allowed to carry any medications around the school, except inhalers for asthmatic students.

If a child needs medications to be administered during school hours, a doctor's prescription needs to be obtained at the end of the school day or at the end of the prescribed course. Where the parent is required to submit their child's Medical Details Form.

Parents are required to provide the school with updated vaccination records for their child/children. A notification will be sent to parents 14 days prior to the actual date of vaccination. Parents will be asked to sign a consent form and return it to the clinic within 7 days prior to the date of vaccination. If the parents choose not to have their child/children vaccinated from the school they need to provide a copy of their vaccination records and inform the school if the child receives any vaccinations outside the school

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Students who travel to school using the School Transport, medications can be handed over to the Transport Assistant with the copy of the prescription and signed note from the parent/ guardian. Medication that needs to be refrigerated at all times must be transported with an ice pack rather than the ice-cubes.

Medications must be sent in their original packaging and should be clearly labeled with the student's name, required dose, timing and route of administration. If a medication has been administered in the morning, a note should be sent to the clinic. Medications that are dosed twice daily should be administered by parents at home in the morning and after the school hours. All medications will be returned once the course of the prescribe treatment in completed.

For those students who need to receive regular doses of a prescribe medication (i.e. Insulin, Asthma Inhalers, Nebulizer, Eye Drops), a consent form needs to be completed which specifies name of the prescribed medication, required doses and timings. The consent form must be updated accordingly in case of any changes.

For children with illness such as anaphylaxis, asthma, epilepsy or Type 1 diabetes, the emergency medications (such as Epi-pen, Glucagon, Nebulizer solutions, Asthma Inhalers,

Diazepam) must be store in the school clinic. The medication should be carefully labeled with the student's name, route of administration and required dose.

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NOTIFICATION OF PARENTS POLICY

Parents will be notified by telephone or email from school doctor.

Clinic staff may contact parents if they need to obtain some information about the child or inform the child's parents about administering medication.

Contagious Illness

The DHA has clearly documented guidelines for those conditions which require exclusion from the school. The conditions commonly seen are: Conjunctivitis, Chicken pox, Gastroenteritis, Hand Foot and Mouth Disease. However, the list is not limited to the above mentioned conditions.

If a student develops vomiting and or diarrhea, he/she should be seen by the doctor and rest at home for the duration of illness or if necessary admitted to the hospital.

The time period for each condition varies, so we request that a child receives proper care at home as long as it needed. Upon returning to school, a certificate from the attending physician or pediatrician must be provided. If the child returns to school prior to the completion of the recommended isolation time, parents will be requested to take their child home.

Fever

Children with a temperature above 37.7 C should be rested at home. If a child develops a fever during school hours, parents will be notified to collect their child as soon as possible. Child with the raised temperature will not be sent home on a school bus. Children may return to school if they are afebrile for 24 hours without using fever-reducing medications such as Calpol, Adol, Advil, Ibuprofen etc.

In case of extremely elevated temperature or if the child has a history of febrile convulsions, the clinic staff will immediately medicate the child and begin sponging or bathing him/her to reduce the intensity of the fever. Parents will be told to come to school immediately.

Parents will be informed immediately if their child is unwell and needs to be collected from the school at the earliest. We will not put a child who is ill or distressed on a school bus. The parents must collect their child as a matter of priority.

Clinic staff can be contacted by telephone in case of emergency or email can be sent to the school doctor. Parents may also come and meet the school doctor at any time.

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STUDENT ASSESTMENT CRITERIA

In accordance with the regulations of the Dubai Health Authority (DHA), all school required to conduct medical examinations of the following students:

- All new students
- All KG 1 students
- All Grade 1 students
- All Grade 4 students
- All Grade 7 students
- All Grade 10 students
- All students leaving the school and IB-2 students

A personal file is regularly updated for each student where all scheduled vaccinations, annual check-ups (height, weight, BMI, BMI percentage, etc) and any other visits to the school clinic are recorded. As part of our policy to promote a "Healthy Lifestyle" we also conduct various screening campaigns during the school year (i.e. eye test, dental check-ups). Parents will be notified in advance about any forthcoming screening that your child maybe involved in. Student's medical files will be handled confidentially at all times.

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Student Health Education Communication and Informed Consent Policy

- 1) The medical of JSS private school provide health education to students on regular basis
- 2) The health education includes but is not limited to:
 - COVID-19 control measures (proper use of face mask, social distance, hand washing).
 - Personal hygiene.
 - Balanced diet.
 - Puberty.
 - Drug abuse.
- 3) Every student shall receive the same lesson twice.
- 4) In case any medical support is needed the students shall contact the clinic and it will be immediately provided.
- 5) Consent forms:
 - A consent form shall be signed by their guardian/parent in admission time allowing their ward to undergo a medical examination
 - A consent form shall be signed by the guardian/parent allowing before their ward receive a vaccine
 - A consent form shall be signed by the guardian/parent before their ward is instructed on sensitive topic like drug abuse, puberty and so on.

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FOOD ALLERGY MANAGEMENT POLICY

Schools are committed to providing a safe, educational environment for all students. In accordance with this and pursuant to applicable laws, the purpose of this policy is to:

- Provide a safe and healthy learning environment for students with food allergies;
- Reduce the likelihood of severe or potentially life-threatening allergic reactions;
- Ensure a rapid and effective response in the event of an allergic reaction; and
- Protect the rights of students with food allergies to participate in all school activities.

Recognizing the risk of accidental exposure can be reduced in the school setting. JSS Private School is committed to working in cooperation with parents, students, and physicians.

Responsibilities of Parent/Guardian:

1. Teach your child to:
 - NEVER share snacks, lunches, drinks, or utensils.
 - Understand the importance of hand washing before and after eating, and proper methods of hand washing (e.g. no hand sanitizer).
 - Recognize the first symptoms of an allergic/anaphylactic reaction.
 - Communicate symptoms as soon as they appear to school staff member.
 - Carry his/her own epinephrine auto-injector, when appropriate, and/or know where it is located (backpack, office, location at home).
 - Report teasing and/or bullying.
 - Take responsibility for his/her own safety.
 - Develop greater independence to keep self safe from anaphylactic reactions.
 - Administer own epinephrine auto-injector and be able to train others in its use.
2. Inform the school of the child's allergy prior to the opening of school (or as soon as possible after a diagnosis). Update the school annually on child's allergy, or when changes in the child's medical plan occur.

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3. Provide medical documentation, instructions, and properly labeled medication (up-to-date), as directed by a physician, prior to the opening of school (or as soon as possible after a diagnosis). This includes proper authorizations for medications and emergency response protocols.
4. Work with the school's nurse and staff to develop a plan that accommodates the child's needs throughout the day including the classroom, cafeteria, after-school activities, and school bus.
5. Provide the school with current contact information and maintain updated emergency medical information.
6. Provide "safe snacks" for the child to be kept at school for unplanned special events.
7. Attempt to go with child on field trips, when possible.

Responsibilities of Student:

1. NEVER share snacks, lunches, drinks, or utensils.
2. Use proper hand washing before and after eating (not hand-sanitizer).
3. Learn to recognize personal symptoms of an allergic reaction.
4. Immediately notify an adult as accidental exposure occurs or symptoms appear.
5. Demonstrate responsibility when carrying emergency medication (if authorized to self-carry) and/or where medication is kept.
6. Report teasing and/or bullying to an adult.
7. Develop greater independence to keep self safe from anaphylactic reactions.

Responsibilities of School Administration

2. Ensure annual training and education is provided to staff on:
 - Reducing allergen exposures
 - Signs and symptoms of allergic reaction and anaphylaxis
 - Emergency procedures, including how to administer emergency medications
3. Support faculty, staff, and parent/guardian in implementing all aspects of the Individual Health Care Plan

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4. Arrange for contingency plan to be in place using designated trained staff in the event of a substitute teacher, food service personnel, or if the nurse is not available.
5. Inform staff of school policy that all treats for birthday celebrations, as well as classroom rewards and incentives are discouraged. (Preschool-6th Grade). Note: For building-wide events, such as Pride Day, cultural events, holidays, and student council events parent/guardian will be informed of such events where food will be available and may provide alternative food items for their child who has known food allergies.
6. Discourage use of foods for classroom activities, e.g. arts and crafts, counting, and science projects within the classroom setting.

Classroom snacks: If warranted, parent/guardian will provide individual snacks for their child. (Preschool-6th Grade)

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Responsibilities of School Health Professionals:

1. Review medical information (emergency medical information) provided by parent/guardian of all students at beginning of each school year, as well as all new students entering the school.
2. Meet with parent/guardian of students with food allergies to obtain a medical history and to develop an Individual Health Care Plan.
3. Ensure that the Food Allergy Action Plan is completed . The Food Allergy Action Plan is to be distributed to all staff who come in contact with the student with food allergies.
4. Ensure proper storage of emergency medication. Including:
 - Following manufacturer's guidelines for storage.
 - Ensuring easy accessibility to school staff during the school day (unlocked, centrally located), taking into account the safety of all students in determining location.
5. Provide annual training and education regarding life-threatening food allergies, symptoms, risk reduction procedures, and emergency procedures including how to administer emergency medications.
6. Ensure that contingency plan is in place using designated trained staff in the event that the nurse is not available.

Responsibilities of Teachers:

1. Participate in annual training and education regarding:
 - Reducing allergen exposures
 - Signs and symptoms of allergic reaction and anaphylaxis
 - Emergency procedures, including how to administer emergency medications
2. Participate in the development and implementation of the Individual Health Care Plan (IHCP), including necessary accommodations, of students in the classroom with a life-threatening allergy.
3. Keep information, i.e. Individual Health Care Plan, for substitute teachers in an organized, prominent, and accessible format.
4. Ensure that volunteers, student teachers, aides, specialists, and substitute teachers are informed of student's food allergies and necessary safeguards.

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5. Educate classmates to avoid endangering, isolating, or harassing students with food allergies; enforce school bullying policy.
6. Reinforce appropriate classroom hygiene practices/hand washing prior to entering the classroom and before and after eating.
7. Inform parent/guardian of school policy that all edible treats for birthday celebrations, as well as classroom rewards and incentives is discouraged. (Preschool-6th Grade).

Note: For building-wide events, such as Pride Day, cultural events, holidays, and student council events inform parent/guardian of such events where food will be available. Parent/guardian may provide alternative food items for their child who has known food allergies.

8. Discourage use of foods for classroom activities, e.g. arts and crafts, counting, and science projects within the classroom setting.

Classroom snacks: If warranted, parent/guardian will provide individual snacks for their child. (Preschool-6th Grade)

9. Know the signs and symptoms of severe allergic reaction as provided in the student's Individual Health Care Plan.
10. Implement the Food Allergy Action plan IMMEDIATELY if a reaction is suspected.
11. Never permit students suspected of having a reaction to walk to the office/clinic alone.
12. Inform parent/guardian in advance of school events where food will be served.
13. Encourage parent/guardian of students with food allergies to accompany the student on school trips.
14. Collaborate with the school's nurse prior to field trip to:
 - Plan ahead for risk avoidance at the destination.
 - Ensure Food Allergy Action Plan and emergency medications are taken on field trip.
 - Ensure that designated trained staff will:
 - Accompany the student with food allergies on the field trip.
 - Maintain the student's emergency medications.
 - Follow the Food Allergy Plan, if needed.

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Responsibilities of Nutrition Services:

1. Provide and ensure annual training to all nutritional service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.
2. Provide information from all food labels and recheck routinely for potential food allergens, including "shared equipment" contamination upon parent/guardian request.
3. Provide advance copies of the menu to parent/guardian and notification if menu is changed, upon parent/guardian request.
4. Maintain a list of students with food allergies, along with Food Allergy Action Plans, maintaining confidentiality.
5. Treat all complaints from students seriously.
6. Provide at least two people in the eating area trained to administer epinephrine auto-injector.
7. Designate a "nut free" table in the cafeteria (Preschool-6th Grade).
8. Clean "nut free" tables ONLY with disposable paper towels and cleaning product using spray bottle (not "bucket" of solution). Any cleaning product is satisfactory except for dishwashing liquid. Top, sides and underside of table is to be cleaned after each use.
9. Prevent students with food allergies from being involved in garbage disposal, table cleaning or other activities which could bring them into contact with food wrappers, containers or debris.

Responsibilities of School Transportation Services:

1. Provide and ensure annual training to all school bus monitors on managing life-threatening food allergies, including epinephrine auto-injector administration.
2. Maintain a list of students with food allergies, along with Food Allergy Action Plans, maintaining confidentiality.
3. Maintain and reinforce strict policy of no food eating on the bus- except when medically indicated, i.e. students with diabetes.
4. Ensure functioning emergency communication devices on each bus.

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STUDENT CONFIDENTIALITY AND PRIVACY

- 1) Student should be treated with respect, consideration and dignity. The student has the right to privacy and confidentiality.
- 2) The only authorized person that can release confidential health information from the school health records is the school doctor.
- 3) Medical records of students attending the school
- 4) Medical information of students or staff to be protected and not shared with other parents or staff that is not directly involved
- 5) Any personnel, including the health care providers, who release confidential health care information from the school health records, shall document each such release in the health records by indicating the following:
 - 6) Date of Release
 - 7) Description of the information released
 - 8) Name(s) of the person(s) to whom the information was released to
 - 9) Reason for the release of information
- 10) Any person suspected of violating the confidentiality will have to follow penalties pertaining to the same as per Decree No 32 of 2012 which can be accessed at www.dha.gov.ae
- 11) Medical records may only be released with prior approval of one of the parents
- 12) Staff are not allowed to take any medical documents out of the school premises. The school doctor is not allowed to take any medical documents out of the school.

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STAFF ORIENTATION AND TRAINING

PROGRAM

All health care professionals have valid training/ certification of Basic Life Support.

School doctor should have valid pediatric advanced life support.

Health professional's new equipment training programs are conducted and documented.

All health care professionals are oriented with DHA guide lines and school health policies.

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VACCINATION POLICY

1. Manual Registration used for recording information about the child immunization is maintained in the clinic.
2. Health Care Professional is able to articulate standard procedures in case of adverse events
3. Severe adverse forms are available
4. Anaphylaxis Kit is available.
5. Inventory of Vaccines including expiry dates are available. (If applicable)
6. Health Care Professionals have immediate contingency plans in case of electrical failure or handling the extra vaccine. (If applicable)
7. Health Care Professionals know how to read vaccine vial monitor. (VVM)
8. DHA immunization guidelines are available and the concerned staff are oriented with the guidelines
9. Vaccine carriers/boxes with sufficient ice packs and thermometers are available.

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HEAD LICE POLICY

Students diagnosed with live head lice need not sent home early from school. They can go home at the end of the day, be treated and return to class appropriate treatment has began. Nits may persist after treatment, but successful treatment should kill the crawling lice.

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INCIDENT REPORT POLICY

In case of any injury or emergency condition occur in the premises of the school an incident report form shall be filled be the medical staff (containing all necessities information) and will be handed the guardian with a copy to be kept at the school clinic.

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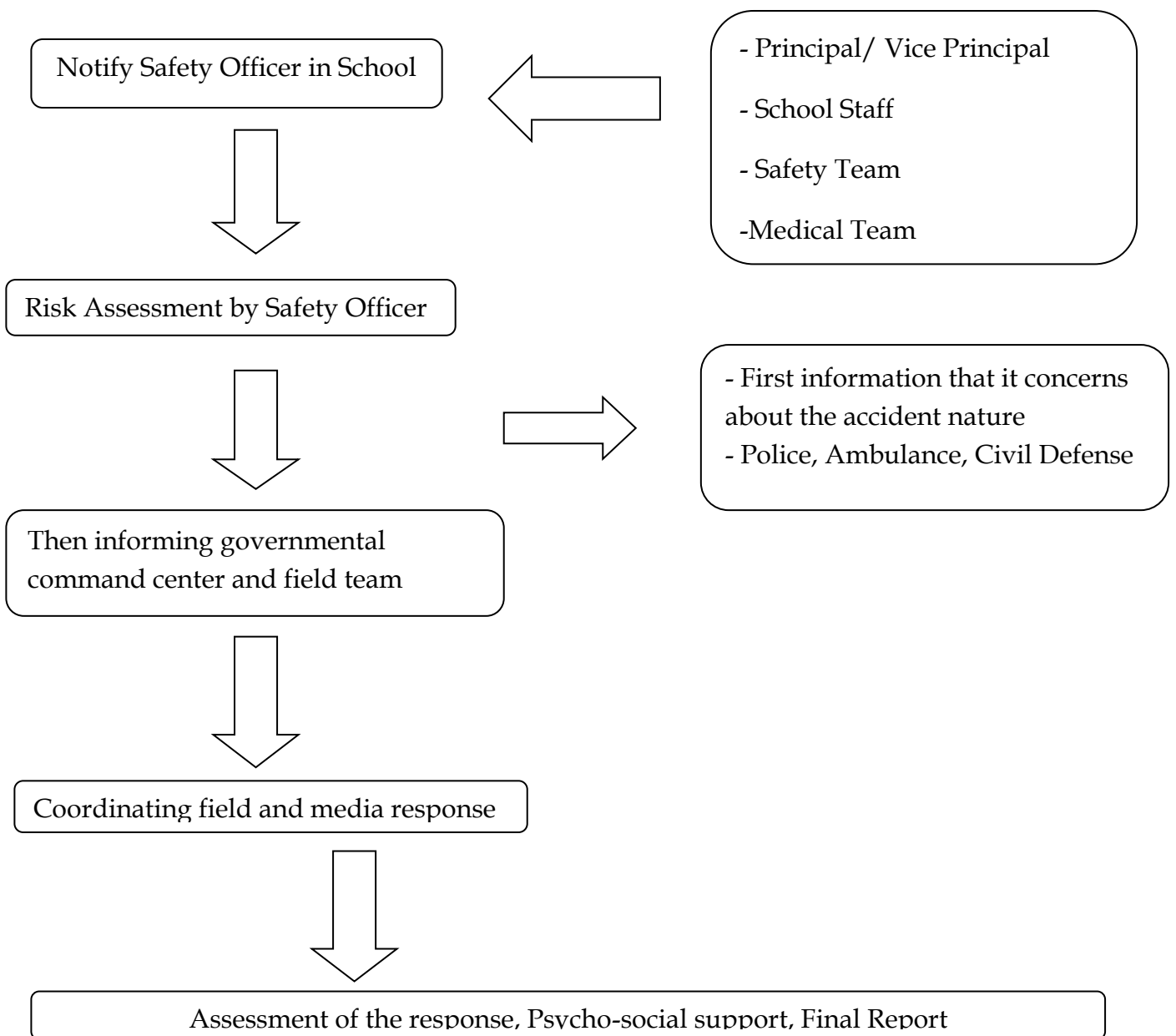
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EMERGENCY RESPONSE POLICY

Pathway for Dealing with Emergency Situations in JSS Private School



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REFERRAL CRITERIA AND PATIENT TRANSFER

In case of emergency, patients are transferred strictly according to emergency protocol flow chart.

Emergency numbers and emergency protocol flow chart should be displayed on clinic notice board.

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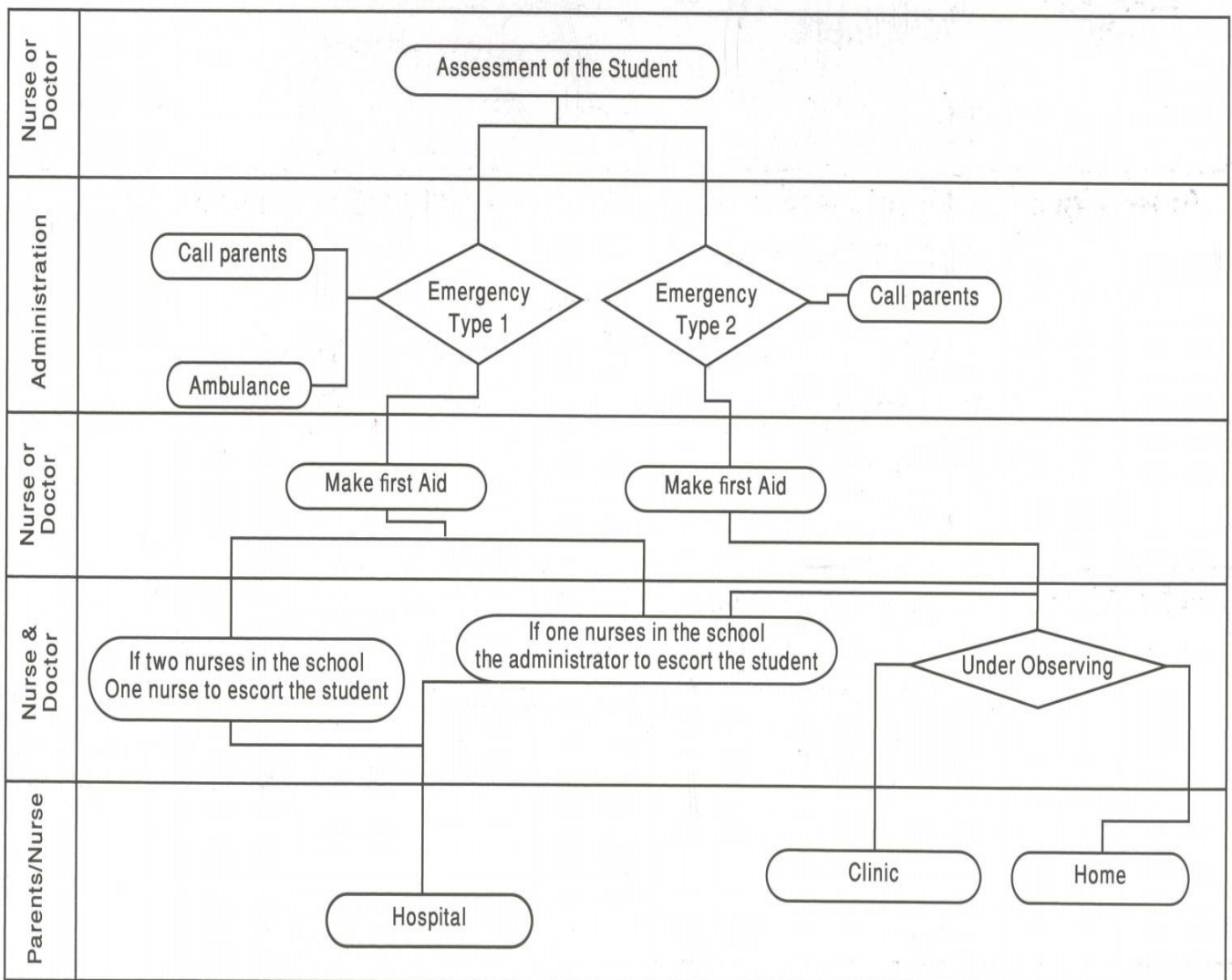
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EMERGENCY PROTOCOL FLOW CHART

Figure 1: Emergency Protocol Flow Chart



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FIRE AND SAFETY PLAN

School clinic will follow school fire and safety plan.

Clinic staff should be well aware of the plan and should take part in the fire drills.

Fire exits plan should be displayed in school clinic.

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STAFF PLAN, STAFF MANAGING AND CLINICAL PRIVILEGES

- 1) JSS Private School has the required health care professional at all times when there are students in the school.
- 2) All health professionals are DHA licensed and have the necessary training and skills to deliver the services provided.
- 3) The school physician has advanced resuscitative techniques e.g. Pediatric Advance Life Support (PALS).
- 4) The school health teams have Basic Life Support (BLS).
- 5) All medical team in JSS Private School undergo consistent medical training sessions. They provide them with the necessary skills to remain safe, update in knowledge and skills needed to make. Competent judgments' and decisions in practice. School Doctor needs 40 hours continues medical education (CME) annually. And School Nurse needs 20 hours continues medical education (CME).

PHYSICIAN RESPONSIBILITIES

- 1) Responsible to develop Individualized Healthcare Plan (IHP).
- 2) Advise parents to keep the student at home during communicable period of any disease.
- 3) Assess, plan and implement Individualized Health Care Plan (IHCP) and Emergency Health Care Plan (EHCP) for children with chronic illnesses and children with of determination, including allergies.
- 4) Refer as appropriate, children assesses and found to have psychological or emotional disorders like anorexia, self-harm, addiction, abuse etc.
- 5) Participate in planning and conducting health education activities in the school.
- 6) Submit reports to HRS and SHS, PHPD in a timely manner.
- 7) Update knowledge, skills and practice related to school health.
- 8) Draft the School Health Service Plan and review it annually, which could include the following.
- 9) Draft and review the School Health Service Plan annually.
- 10) Medication management.
- 11) Management of emergency reaction including anaphylaxis that might occur due to vaccination.
- 12) Reports 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.
- 13) **School Nurse:**

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

- 1) Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition.
- 2) Assess needs of students (examine/observe/measure vital signs) who require first aid care and administer appropriate care.
- 3) Refer to the Physician for advice when needed.
- 4) Inform parents, through the school authorities, about the student's condition.
- 5) Transfer the student to the Emergency department of the nearest hospital as per the standard procedure in cases required.
- 6) Provide privacy to the student during medical examination.
- 7) Monitors students who are frequently absent from school due to health related problems.
- 8) 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.
 - Refer student with fever, rashes or unusual behaviour.
 - Report presence of potential hazards in the classroom.
 - Motivate student to enhance healthy practices.
- 9) Report sanitary and safe environment deficits to the school administration.
- 10) Measure height and weight of students and calculate BMI on an annual basis for all students.
- 11) Refer to the school health physician, students whose growth and development measurement show deviations from normal.
- 12) Plan and conduct health education sessions for parents of students with chronic illness to assist them to understand their child's disease and needs.
- 13) Conduct health education sessions to meet the learning needs of students (e.g. topics on: personal hygiene, proper nutrition, accident prevention etc.).
- 14) Plan the vaccination schedule of every student as per DHA Immunization Guidelines and conduct vaccinations under the supervision of the school health physician.
- 15) Update knowledge, skills and practices related to school health requirements.

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Monitoring and Maintenance of Medical Electrical and Mechanical Equipment

1. Verify if the electrical, water and waste works.
2. The maintenance and repair manual for clinic equipment are maintained in the clinic.
3. For each piece of equipment there is master record of maintenance performed.
4. Regular maintenance is being performed every six months for all medical equipment.
5. There are reports that show the state of equipment when test are administered and if further action is required.
6. Routine inspection of electrical systems occurs.
 - Replacement of defective parts that are identified.
 - There is annual plan for inspection and replacement of defective parts.
7. Routine inspection of mechanical system occurs.
 - Replacement of defective parts that are identified.
 - There is annual plan for inspection and replacement of defective parts.
8. Routine inspection for plumbing and water system occurs.
 - Replacement of worn washers and defective plugs.
 - There is annual plan for inspection and replacement of defective parts.

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REPROCESSING OF REUSABLE EQUIPMENT

Reprocessing of the reusable equipment, instrument and devices is consistent with relevant current national standards and meets current best practice. This criteria includes cleaning, disinfection and sterilization of reusable devices, equipment and instrument used in the clinic

General Reprocessing Requirements

- Reusable medical devices that have been used shall be reprocessed.
- Contaminated reusable medical devices that have not undergone reprocessing shall be clearly identified.
- Reusable medical devices that come from an opened or compromised package shall be reprocessed prior to use.
- Newly purchased reusable medical devices shall be reprocessed before initial use unless they are packaged

Personnel shall pre-clean used reusable medical devices immediately after use and prior to transportation and further manual or automated cleaning. At the point of use, single-use sharps shall be removed from reusable medical devices and disposed of in a puncture-resistant sharps container. Organic matter shall not be allowed to dry on reusable medical devices. Reusable medical devices shall be kept moist by using foam, spray, or gel specifically intended for this use, or by using a towel moistened with water, and in accordance with the manufacturer's instructions for use.

Contaminated items shall be transported in covered, fully-enclosed, leak-proof containers or closed carts that are designed to prevent the spill of liquids, protect reusable medical devices from damage, and allow for effective decontamination after each use.

Disinfection of reusable medical devices:

Shall take place in accordance with the manufacturer's instructions for use of the device and shall also follow the manufacturer's instructions for use for the disinfection process, equipment, and products.

Only chemical disinfectants which are approved by Dubai Municipality shall be used in the clinic for the disinfection of reusable medical devices.

Sterilization of Reusable Medical Device

A reusable medical device shall be sterilized between client uses. Sterilization of reusable medical devices shall take place in accordance with:

- The manufacturer's instructions for use of the device.

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- The manufacturer's instructions for use for the sterilization process, equipment, and products.

Devices below must be cleaned then sterilized:

- Bandage scissor
- Galipot
- Injection tray
- Kidney tray
- Pickup forceps

Devices below must be disinfected:

- Stethoscope
- Blood pressure cuffs
- Wheel chair
- Torch
- Foldable stretcher
- Tuning fork
- Percussion reflex hammer
- Portable pulse oximeter

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LAUNDRY SERVICES POLICY

Laundry and Linen Services in school clinic

The school nurse is responsible for providing an adequate, clean and constant supply of linen to school clinic and isolation room.

The basic tasks include: sorting, washing, extracting, drying, ironing, folding, mending and delivery. A reliable laundry service is of utmost importance to the school clinic. In today's medical care facilities, patients expect linen to be changed daily. An adequate supply of clean linen is sufficient for the comfort and safety of the patient thus becomes essential. The term 'clinic linen' includes all textiles used in the school clinic and isolation room including mattress, pillow covers, blankets, bed sheets, towels, screens, curtains, medical staff coats. Cotton is the most preferred and frequently used material. The main purpose is to provide clean material to the patients and ensure that hygienic conditions are maintained in the process.

Responsibilities of person in charge: This includes determination of the type of linen to be purchased, the quantity necessary to be kept in stock, establishment of quotas for various places where they are used. The functions of the laundry services.

- Collecting soiled linen from various places.
- Sorting the linen and processing them
- Inspecting and repairing or replacing damaged materials.
- Distributing clean linen to the clinic and isolation room.
- Maintaining different types of registers.
- Send and receive linen to the laundry.

Work Schedule:

Daily work

- Change the bed sheets every day. If they get dirty, it will be change immediately.

Weekly Work:

- Sending linens to the laundry shop weekly.

Monthly Work:

- Check linen stocks in the clinic.
- Check the contaminated and faded or damage fabrics and enter in the register.
- Send the linens to the laundry.

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BUSINESS CONTINUITY POLICY

In any case of absence of the medical staff for more than two weeks, a temporary staff shall be arranged by JSS Private school management from an agency approved by Dubai Health Authority (DHA) and inform the HRS.

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HASANA SYSTEM MANAGEMENT

- 1) Every JSS Private School pupil immunization report shall regularly updated by the medical team.
- 2) Every new student immunization record shall be registered into Hasana system.
- 3) The seniors nurse is responsible for teaching amateur medical staff how to use Hasana system.
- 4) Any vaccination session that occurs in the school shall be registered as per share DHA guidelines.

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MEDICAL REPORTS AND MEDICAL
ALERT FORMS

A medical report must be submitted to the school where is any change in health condition or a new medical condition for your child. Changes in certain health conditions may impact on the wellbeing of then student and any treatment given by the clinic.

If your child has a pre-existing condition, the school clinic needs to be notified in advance. An Emergency Alert Form should be prepared by the school doctor for those students who might experience such medical emergencies as allergies, convulsions, anaphylaxis and diabetic emergencies. Additional members of staff who are in contact with such students will be notified about then child's pre-existing condition and trained accordingly.

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SERVICE DESCRIPTION AND SCOPE OF SERVICES

School Health Service Plan in JSS Private School is:

- 1) To deliver health services in school environment (including screening and vaccination programs).
- 2) Conduct comprehensive medical examination of students at KG/Foundation1, Grade one (1), Grade four (4), Grade seven (7), Grade ten (10) and new admission at any grade in schools, which is documented in the School Health Records.
- 3) Medication management.
- 4) Management of emergency reaction including anaphylaxis that might occur due to vaccination.
- 5) Reports 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.

SCOPE OF SERVICE

A. Immunization

It is a proven toll for controlling and eliminating life-threatening infectious diseases and is one of the most cost-effective health investments.

B. Health Promotion

1. Medical or Preventive

This approach is aimed at reducing premature deaths (mortality) and avoidable diseases (morbidity). Actions are targeted at whole populations (e.g. immunization) or so called high risk groups. This approach seeks to increase the use of medical interventions to promote health.

2. Behavior Change

This approach aims to encourage individuals to adopt “healthy” behaviours that are regarded as key to improving health.

3. Educational

Seeks to provide knowledge and information and develop the necessary skills so that people can make informed decisions about behavior.

4. Empowerment

The idea is on helping people or communities to identify their own health concerns, gain the skills and make changes to their lives accordingly.

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5. Social Change

To enhance social performance among student population.

C. Health Education

Steps in Planning a Health Education Curriculum

1. Assess and identify the learning needs of students; what they need to know, their values, beliefs, health practices etc.
2. Formulate the learning objectives. Learning objectives shall be clearly written, specific, measurable, achievable, realistic and time bound.
3. Outline the topic and list the essential education materials required.
4. Choose teaching methodologies which are appropriate; (demonstration, discussion, role play etc).
5. Select instruction strategies and audio and visual aids which:
 - a. Culturally relevant, developmentally appropriate and meet the different learning needs of students served.
 - b. Actively engage parents and other caregivers in promoting health values and beliefs that support healthy behaviors and discourage risky behaviors.
6. Identify and arrange for the provision of all resources needed to conduct the health education session.
7. Arrange the venue, date and time to conduct the health educational session.
8. Implement the health education plan.
9. Evaluate the health education session to determine if the expected outcome has been achieved. Provide a timely, personalized and descriptive feedback to the student/s and record achievement.

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Health Record Management & Retention Policy

Our health practitioners in the school clinic involved in a student's care and have access to student's health records and related information.

Hand written or hard copy of health records and information are stored in a lock cabinet or cupboard and in a safe monitorable location and only health practitioners have access to these storage facilities.

Records in the clinic whether they are hard or soft copies it is secured even it is not in use.

Only official school forms, which have been approved for use, will be filed with other school health records.

Computer passwords are not shared.

Student has their records filled up in their individual school health record.

Whenever a student wish to transfer to another school at any grade, the original complete cumulative school health record will be transferred at the same time to the health personnel of the school the student is transferring to.

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

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LOST AND FOUND POLICY

Purpose:

The purpose of this policy is to provide procedures for handling lost and found articles. In this policy, "lost property" means any unattended, abandoned, misplaced or forgotten item which is found within/inside the premises/boundaries of the school.

Key Points:

Students are encouraged to write/print their names on all personal belongings such as jackets, lunch boxes, digital devices, pencil/pen pouches, compass boxes (meant for only selected year) etc.

Lost items will be kept in the "Lost and Found Area" located near the school canteen.

Students may check the Lost and Found for missing items. Parents can also request to check for missing items in the Lost and Found Area with prior appointment.

Any cash, jewelry found will be submitted to the School Administrative Office which can be retrieved on providing supporting evidence.

Unclaimed items will be donated to a local charitable organization or discarded at the end of every term.

The school strongly discourages students bringing large amounts of money or personal valuables to school. The school cannot hold responsible for the loss or damage to personal property brought to school.

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DIABETIC CARE MANAGEMENT

Diabetes is one of the most common chronic diseases of school-age children. The number of children with diabetes who require accommodation during the school day to do blood glucose monitoring (by finger stick or a continuous glucose monitoring system), have between meal snacks, and administer insulin (by injection with a syringe, injection pen, or an insulin pump) has dramatically increased as medical science recognizes the need for careful control of this disease. Self-management by the child of his/her disease is an important component of that control. Diabetes is NOT a communicable or contagious disease. Diabetes is a chronic disorder that can result in long-term complications such as damage to the eyes, kidneys, and vascular and nervous systems if not managed properly.

There are two types of diabetes: Type 1 diabetes usually has a rapid onset and is caused by an autoimmune disorder in which the insulin-producing cells of the pancreas are destroyed. Insulin is a hormone that is essential in allowing sugar to move into the cells and be used for energy by the body. People with Type 1 diabetes must take insulin injections (via syringe, injection pen, or pump) every day. Type 2 diabetes usually has a gradual onset and is caused by an insufficient production of insulin by the body or an inefficient usage of insulin by the body's cells. People with Type 2 diabetes may take insulin injections, take oral medication, follow a meal plan, and engage in physical activity to control his/her blood glucose levels, or any combination of these methods. Type 2 diabetes in youth is a rapidly growing health problem. Risk factors for this type of diabetes include obesity, inactivity, and a family history of diabetes.

Children with diabetes are taught it is a self-managed disease. This means that the child or adolescent (depending upon the child's age and abilities) may be giving themselves insulin with a syringe, injection pen, or insulin pump, taking oral diabetes medications, monitoring his/her blood glucose levels with a meter, testing urine, keeping written records, and taking snacks as needed between meals in the school setting and at school functions. Treatment is individualized based on the student's needs. .

It is critically important to know the management of diabetes on a day-to-day basis is maintaining a balance between insulin intake or production, food intake, and physical activity. All three (insulin, food, and activity) have a major effect on diabetes control and the prevention of acute complications such as hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose). Both of these complications can occur dur

Hypoglycemia (low blood glucose) occurs when the student with diabetes has taken insulin or a medication to increase insulin production, and either food is not eaten in the amount needed or extra exercise or physical activity has increased the body's need for energy. The student may or may not recognize the early warning symptoms of low blood glucose, but the student needs immediate attention: a quick-acting source of glucose (sugar), followed by a less rapidly absorbed source of carbohydrates and proteins (see student's DMMP).

Mild to moderate hypoglycemia has a number of symptoms such as shakiness, hunger, and sleepiness and can usually be treated with 15 grams of carbohydrate such as 3-4 glucose tabs or 4

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ounces of fruit juice. Hypoglycemia (low blood glucose) can progress quickly and the student may lose consciousness and exhibit seizures. This is a medical emergency and calls for an injection of glucagon (a hormone that naturally releases sugar from the liver) and an immediate call for emergency medical care. Never give an unconscious student anything by mouth – foods or liquids. Never leave a child alone who is experiencing hypoglycemia symptoms.

Hyperglycemia means blood glucose levels are above target range and occurs more slowly than hypoglycemia, but school personnel need to be alert to the early signs and symptoms of this condition. Almost all children with diabetes will experience blood glucose levels above their target range at times throughout the day, but these episodes are usually short in duration. Other children will experience daily spikes of their blood glucose levels which are of longer duration requiring extra insulin. In children, a minor illness such as a cold or the flu can upset the balance of insulin, food, and activity and result in a build-up of extra sugar in the blood stream. If a student tests his/her blood and it shows a high blood glucose reading, the student may need to do a test for ketones. Ketones are an acid produced when the body is using fat for energy because the available insulin cannot properly feed the cells glucose. Ketone tests are done via a urine sample or a meter with special strips for ketone testing. Hyperglycemia is treated with the intake of water or another sugar-free beverage and sometimes insulin.

1. TRAINING OF SCHOOL PERSONNEL

All school personnel should be given training about diabetes and how to manage it. However, that training should be broken down into different levels depending on the responsibility of each staff member towards the student with diabetes. The training

should be administered by a school doctor or nurse. Training should take place at the beginning of each school year and should be repeated when a current student is newly diagnosed with diabetes or when a student with diabetes enrolls in the school. Refresher training is to be done as needed.

Level 1 training

Administered to all school personnel at the beginning of the year.

Level 1 training content:

- An overview of diabetes
- How to recognize and respond to hypoglycemia (low blood glucose)
- and hyperglycemia (high blood glucose).
- Who to contact for help in an emergency

Level 2 training

Designed for school personnel who have responsibility for the student with diabetes throughout the school day, including but not limited to: classroom, physical education, music, and art teachers, as well as other personnel such as lunchroom staff, coaches, and bus drivers. Level 2 training content:

- Content from Level 1 with specific instructions for what to do in case of an emergency
- Roles and responsibilities of individual staff members
- Expanded overview of diabetes
- Procedures and brief overview of the operation of devices (or equipment) commonly used by students with diabetes
- Impact of hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) on behavior, learning, and other activities

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- The student’s Individualized Health Care Plan (IHP), IEP, or other education plan
- The student’s Emergency Care Plans and how to activate Emergency Medical Services in case of a diabetes emergency
- Tips and planning needed for the classroom and for special events
- Overview of the legal rights of students with diabetes in the school setting

Level 3 training

For one or more school staff members designated as trained diabetes personnel who will perform or assist the student with diabetes care tasks.

Level 3 training content:

- Content from Level 1 and Level 2
- General training on diabetes care tasks:
 - Blood glucose monitoring
 - Ketone testing (urine and blood)
 - Insulin administration
 - Glucagon administration
 - Basic carbohydrate counting
- Student-specific training, when addressing each diabetes care task, including:
 - Clear identification and understanding of the task as outlined in the student’s DMMP
 - Each student’s symptoms and treatment for hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose)
 - Step-by-step instruction on how to perform the task using the student’s equipment and supplies
 - Clear parameters on when to perform the task, when not to do so, and when to ask for help from a health care professional
 - How to document all care tasks provided
- Plan for ongoing evaluation

2. COORDINATION OF CARE FOR BEST RESULTS

Collaboration and cooperation are key elements in planning and implementing successful diabetes management at school. Like other chronic diseases, students with diabetes are more likely to succeed in school when the student’s school health team and the student’s personal health care team work together. Personnel may include:

School Health Team	Personal Health Care Team
Student with diabetes	Student with diabetes
Parent/guardian	Parent/guardian
School doctor and nurse	Doctor
Other school health care personnel	Nurse
Trained diabetes personnel	Registered Dietician (if available)
Principal and other administrators	Diabetes Educator (if available)
Teacher(s)	

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Guidance counselor, coach(es), and other school staff members responsible for the student	
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Collaboration between these two teams should result in each student with diabetes having a DMMP, an IHP, Emergency Care Plans for Hypoglycemia (low blood glucose) and Hyperglycemia (high blood glucose), and the appropriate education plan (if needed).

- Diabetes Medical Management Plan (DMMP)
 - Contains all aspects of routine and emergency diabetes care
 - Developed by the student's personal diabetes health care team
- Individualized Healthcare Plan (IHP)
 - Written plan developed to implement the student's DMMP
 - Developed by the school doctor in collaboration with personal diabetes health care team and family
 - Incorporates assessment of school environment
 - Student-specific information
 - Reviewed by school doctor and parents at beginning of the year and periodically afterwards
- Emergency Care Plans
 - Based on medical orders in the DMMP
 - Summary of how to recognize and treat hypoglycemia (low blood glucose) ○ Should be given to all personnel responsible for the student with diabetes (teachers, coaches, bus drivers, lunchroom staff, etc.)

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FIRST AID FOR COMMON INJURIES AND EMERGENCY POLICY

FIRST AID FOR COMMON INJURIES AND ILLNESSES

1. Abdominal Pain

Abdominal pain result from illness ranging from minor conditions to serious medical emergencies such as: trauma, appendicitis, hernia, constipation etc. Urgent medical care is needed for any severe abdominal pain

Do these:

1. Observe and record; blood pressure, pulse and breathing.
2. Offer reassurance and comfort
3. Help to position that assist in relief pain
4. Call 999 or for an ambulance
 - If pain is very severe
 - Individual is lying still with rigid and distended abdomen
 - Any signs of bleeding faint or losing consciousness

2. Acute Ear Ache

Ear ache can be an agonizing pain, caused by any of the following:

- Freshly pierced ear lobe or the discomfort of a tight earring
- Trauma from vigorous use of cotton swab while cleaning
- Pressure in the ear canal due to an acute viral infection such as a cold, sinus congestion or from a respiratory allergy
- A plug of ear wax
- Presence of a foreign body – like a pea, bean or flying insect.

Do These:

1. Check ear for:
 - History of trauma or injury
 - Presence of foreign object
 - Discharge or bleeding
 - Swelling
2. Calm and help individual into sitting or lying position for comfort
3. Give analgesic as prescribe
4. Observe and record; blood pressure, pulse and temperature
5. If discharge is present; wipe from the outer ear only
6. Call 999 or for an ambulance
 - If pain is caused by trauma
 - Foreign object seen
 - Dizziness, ringing in the ears

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- Discharge or blood from the ear
- Loss of hearing

Do not:

- Block any drainage coming from the ear
- Try to clean or wash inside of the ear canal
- Attempt to remove the object by probing with the cotton swab, pin or any other tool
- To do so will risk pushing the object farther into the ear and damaging the middle ear
- Reach inside the ear canal with tweezers

3. Allergic Reaction (Anaphylaxis)

Anaphylaxis occurs after exposure to allergen to which an individual is extremely sensitive such as;

- Food (peanuts, shellfish, eggs, strawberry etc.)
- Medicines (penicillin, sulfa)
- Insect stings and bites (bees or wasps)

Anaphylactic reaction is a severe and sudden generalized reaction that is potentially life threatening.

Do These:

If individual is carrying an Epinephrine pen (EpiPen®) help individual use it or administer it at once

Call 999 or for an ambulance

- Help individual in sitting or lying position that assists in breathing
- Observe and record; blood pressure, pulse and breathing. Be alert for breathing and pulse being slower or faster than usual
- If conscious offer reassurance and comfort, if necessary cover with blanket to keep warm
- If unconscious check for signs of life and prepare to give CPR if necessary.

4. Burn

Do These:

1. Remove individual from the Burn/Danger area
 - If clothing is on fire: STOP, DROP and ROLL
 - PULL individual to the ground
 - Wrap in blanket
 - Roll long ground until flames are extinguished

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2. If the burned area is small, cool the burned area with room temperature water. If possible hold the burned area under cold running water up to 20 minutes.
3. If the burned area is large cover with the wet cloth or gauze for at least 10 minutes.
4. Remove clothing and jewelry or any other constricting item before the area swells.
5. Protect the burn from friction or pressure while cleaning.
6. If burn is large or deep, manage for shock.
7. Call or send someone to phone 999, or for an ambulance if
 - There is fire
 - Individual has large burn

Do Not:

- Do not apply lotions, ointment or fat/butter on a burn
- Do not use icy or cold water on a burn, because even though it may relieve pain, the cold can actually cause additional damage to skin.
- Do not touch injured areas or burst any blisters.
- Do not remove anything sticking to the burn.

5. Chemical Burns

Chemical burns take place at work, home or school. It can be the result of an accident or as the result of an assault. Most chemical burns occur when the skin is in contact with strong acids or bases.

Sometimes the burn develops slowly and in some cases the individual may not be aware of the burn for up to 24 hours.

The extent of damage depends on how long the skin is exposed to the chemical. The chemical will continue to 'eat' its way through the skin and into deeper layer until it is washed away.

Some Chemicals that causes burns are:

- Bleach, boric acid, paint thinner, Sulphuric acid
- Some chemicals in the laboratory when incorrectly mixed together
- Swimming pool chlorinators, battery acids, drain or toilet bowl cleaners etc.

Do These:

Treatment will vary with the nature of the chemical and extent of the burn.

- Ensure area is safe.
- Wear Personal Protective Equipment to avoid contact with substance yourself.
- With a dry chemical powder, first brush it off the skin.
- With spilled liquid giving fumes, move the individual out or ventilate the area.
- Wash off the area as quickly as possible with running water for 20 to 30 minutes. Use sink or water hose or even a shower to flush the entire area of contact.
- If available follow directions on chemical container.

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- Remove jewelry from the burn area.
 - Put a dressing over the burn.
- Call or send someone to phone 999, or an ambulance for any chemical burn.
If available, send chemical container with the individual.

6. **Electrical Burns**

Electrical burns often accompanied by respiratory or cardiac arrest. Electrical burns may be cause massive internal injuries even when the external burn may look minor.

Electrical burns may include:

- External burns caused by the heat of electricity.
 - Electrical injuries caused by electricity. Do not touch until you know the area is safe. Unplug or turn off power.
 - Do not attempt to remove individual from the source of electricity.
 - Wear personal protective equipment.
 - Cover burned area with a dry non-stick sterile dressing.
- Look for a second burned area where the electricity left the body.

Treat for shock.

7. **Blow to the Eye**

- If the eye is bleeding or leaking fluid, call 999 or get the individual to the emergency room immediately.
 - Put a cold pack over the eye for 15 minutes to ease the pain and reduce swelling, but do not put pressure on the eye.
 - Do not remove contact lens if individual is wearing a contact lens.
- Ask individual to lie still and also cover the uninjured eye. Movement of the uninjured eye causes movement to the injured eye too.
- Call or send someone to phone 999, or an ambulance, if pain persists or vision is affected in any way.

8. **Large Object Embedded in the Eye**

- Do not remove the object
- Stabilize object in place, use thick cloth or dressing and cut a hole for affected eye.
- Position a paper cup over injured eye and impaled object.
- Do not touch the eye or imbedded object.
- Secure cup in place with bandage or scarf that covers Both eyes, because movement of the uninjured eye causes movement of the injured eye.
- Keep individual still and observe for shock.
- Call or send someone to phone 999, for an ambulance or get individual to the emergency room immediately.

9. **Dirt or Small Particle in the Eye**

- Do not let individual rub his/her eye.
- Gently pull the upper eyelid out and down over the lower eyelid to try and remove the foreign body.

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- Gently flush the eye with water from a medicine dropper or water glass. Have individual hold head with the affected eye lower than the other so the water does not flow into unaffected eye.
- If the particle remains and is visible, carefully try to brush it out with a sterile dressing. Lift the upper eyelid and swab its underside if you see the particle.
- If particle remains or individual has any vision problems or pain, cover the eye with sterile dressing and the uninjured eye.
- Call or send someone to phone 999, for an ambulance or get individual to the emergency room immediately.

10. Falls

When you observe a Minor Fall Do These:

- If it is safe to move the individual pick him/her up and comfort him/her.
- Apply an ice pack on bruised area.
- Treat any cuts or scrapes.
- Have him/her rest.
- Inform parents/guardian
- Instruct parent/guardian to observe for the next 24 hours and assess for any change such as ; unsteady walking, blurred vision, slurred speech or losing consciousness.

A Major Fall is you observe:

- It involves the head, neck and spine or hipbones.
- If the individual loses consciousness even if just for a moment.
- If there is clear liquid coming from the nose, ear or mouth.
- If the individual is having difficulty breathing.

Do These:

- Call or send someone to phone 999, or an ambulance
- Do not move the individual.
- Try to keep the individual still with the neck and spine straight.
- If you have to move the individual use two people to keep back and neck straight.
- While waiting for help reassure the individual, check breathing and pulse.
- Stop any bleeding.
- Look for the signs of shock. (Pale and sweaty clammy skin, rapid or uneven breathing, unconsciousness).
- Do not try to straight out any twisted limbs.
- Do not try and push any bones that might have broken through the surface of the skin back under the skin.
- Elevate the feet of the individual about 12in.
- Do not elevate the feet if you expect spinal or back injury or if doing so causes the individual any discomfort.

Call or send someone to phone 999, for an ambulance immediately if:

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- Individual has trouble staying awake or is overly sleepy
- Is vomiting
- Cannot walk normally
- Has slurred speech
- Cannot stop crying
- Has trouble focusing or paying attention
- Complains of neck or back pain
- Has increased pain

11. Fever

Fever is an abnormal body temperature elevation. Normal range of temperature from children is 36.4 C to 37.0 C. In children any temperature of 38C or above is considered high and is classed as a fever.

A child's temperature can vary depending on activity, emotional stress; the type of clothing child is wearing, environmental temperature and disease process such as;

- Flu
- Ear infections
- Respiratory tract infections
- Tonsillitis
- Urinary infections
- Any of the common childhood diseases such as measles, mumps, chickenpox

Do These:

- Remove excess clothing
- Administer antipyretic as prescribed by school physician
- Provide adequate fluid intake as tolerated and as prescribed
- Place a cool sponge on the child's forehead
- Recheck temperature 20 to 30 minutes after administration of antipyretic
- Call or send someone to phone 999, for an ambulance immediately if individual develops:
 - Change in level of consciousness
 - Convulsions or fits
 - Difficulty of breathing

Do not give Aspirin (acetylsalicylic acid) because of the risk of Reye's syndrome.

Sponging children is no longer recommended to lower the temperature because it can lead to extreme chilling and shock to an immune nervous system and has little advantage over the use of oral antipyretics. (Purssell,200).

12. Fractures

A fracture is a break in the continuity or structure of the bone as a result of trauma, twisting or bone decalcification.

Do These:

- Put on personal protective equipment.

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- Have individual rest and immobilize the injured body part, reassure individual.
- Check for the signs of shock, cover and keep warm.
- Call or send someone to phone 999, for an ambulance immediately.
- With an open fracture, cover the wound with a clean dressing.
- Apply ice pack on the injured area with a towel between the ice bag and the skin for up to 20 minutes.
- Raise the injured body part if it does not cause individual more pain.
- Elevate a splinted arm.
- Monitor individual's vital signs while waiting for an ambulance.
- Remove clothing and jewelry if they may cut off circulation as swelling occurs.

Do not:

- Do not try to align the ends of a broken bone.
- Do not give individual anything to eat or drink.

13. Joint Injuries

A - Dislocation

Dislocation is when one or more bones have been out of the normal position in a joint.

Signs and Symptoms:

- The joint is deformed as compared to the other side of the body.
- Pain over involved area
- Swelling
- Inability to use injured body part

Do These:

- Have the individual rest and immobilize the area in the position in which you find it, reassure individual.
- Check for signs of shock, cover and keep warm.
- Call or send someone to phone 999, for an ambulance immediately.
- Apply ice pack on the injured area with a towel between the ice bag and the skin for up to 20 minutes.
- Use a splint to immobilize the area
- Monitor individual's vital signs while waiting for an ambulance.
- Remove clothing and jewelry if they may cut off the circulation as swelling occurs.

Do not:

- Do not try to put the displaced bone back in place.
- Do not give individual anything to eat or drink.

B - Sprain

Sprain is an injury which occurs due to excessive stretching of a ligament from its normal position. It is caused by a twisting motion, such as a fall or step in uneven surface.

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Do These:

- Have individual rest and immobilize the area in the position in which you find it, reassure individual.
- Apply ice pack on the injured and wrap joint with a compression bandage.
- Use a soft splint (blanket or pillow) to immobilize and support the joint.
- Elevate a sprained hand or ankle above the level of the heart.
- Call or send someone to phone 999, for an ambulance
- Remove clothing and jewelry if they may cut off circulation as swelling occurs.

RICE: This acronym is an easy way to remember how to treat all bone, joint and muscle injuries (table 8):

	Table 10	RICE ACRONYM
R	REST: Any movement of a musculoskeletal injury can cause further injury, pain and swelling. Rest is important for healing. Have individual rest until medical help arrives to the scene.	
I	ICE: Cold reduces swelling, lessens pain and minimizes bruising. Apply ice pack or cold pack in cloth to prevent direct skin contact because it may be very cold to freeze the skin.	
C	COMPRESSION: Compression helps prevent internal bleeding and swelling. Compression should be done with an elastic roller bandage. Wrap the bandage over the injured area. Check fingers or toes frequently to make sure circulation is not off.	
E	ELEVATION: Elevating an injured arm or leg also helps prevent swelling and control internal or external bleeding. Splint a fracture first and elevate it only if moving the limb does not cause pain.	

14. Migraine Headache

Signs and Symptoms:

- Pain in the temples or behind one eye or ear or any part of the head
- Nausea and vomiting
- Sensitivity to light and sound
- Seeing spots or flashlights

Do These:

- Check vital signs
- Apply cold compress to the area of pain
- Have individual rest in bed with pillows comfortably supporting head or neck.
- Reduce light and noise in the room
- Administer analgesic as prescribed by school physician.

15. Nausea and Vomiting

Signs and Symptoms:

- Weakness
- Dizziness or fairness
- Perspiration

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- Skin pallor
- Rapid pulse
- Headache

Do These:

- Assist individual into sitting position, lean head forward over emesis basin
- Ask to take deep breaths slowly
- Apply a cool compress over individual's forehead
- Limit movement and activities
- Limit intake of food and fluid until nauseous feeling subsides
- Observe what is the vomitus and amount of vomitus
- Call or send someone to phone 999, for an ambulance if vomiting persists with signs of dehydration.
- Limit client's intake of food and fluid temporarily until signs of nausea subside.

16. Near Drowning

Do These:

- Call or send someone to phone 999, for an ambulance immediately for transfer to emergency department.
- Remove wet clothes if possible and keep individual warm
- Check vital signs
- If breathing spontaneously:
 - Place in recovery position, ideally with head low down so that water drains from the mouth
 - Supplemental Oxygen may be given by mask to aid ventilation

17. Nose Bleeds

Do These:

- Put on personal protective equipment
- Have individual sit and tilt head forward and ask to keep his/her mouth open
- Loosen any tight clothing around the neck
- Press both sides of the nostrils just below the bridge of the nose continuously for 10 to 15 minutes.
- Ask individual to breathe through his/her mouth and not to speak, swallow, cough, blow or sniff
- If bleeding continues press harder
- Check vital signs
- After 10 to 15 minutes, release pressure slowly. Pinch the nostrils again for another 10 to 15 minutes if bleeding continues
- Call or send someone to phone 999, for an ambulance immediately if;
 - Bleeding continues after 2 attempts to control bleeding and is heavy such as gushing blood
 - You suspect there is injury

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- Individual has difficulty breathing or high blood pressure

Do not:

- Do not ask individual to lean his head backward
- Do not use ice pack on the nose or forehead
- Do not press on the bridge of the nose between the eyes (upper bony part of the nose)
- If there is a foreign objects:
 - Do not attempt to remove object
 - Call parent and recommend medical check-up

18. Toothache

Signs and Symptoms:

- Individual's jaw is sore and tender to touch
- Bleeding or swelling around the tooth or gums
- Throbbing pain in the head, jaw and ear
- Eating or drinking difficult
- Tooth is sensitive to hot/cold food and drink

Do These:

- Give warm water mouthwash
- Give analgesic as per school physician's/dentist's standing order
- Apply warm compress on the cheek over affected tooth/teeth
- Have individual see dentist immediately if pain is throbbing in nature and accompanied with fever.

Do These for Tooth Knocked Out:

- Have individual sit with head tilted forward to let the blood drain out
- Wear personal protective clothing
- Fold roll gauze into a pad and place over the tooth socket
- Instruct individual bite down to put pressure on the area for 20 to 30 minutes
- Save tooth which maybe reimplanted. Touch only the tooth's crown, rinse it if dirty. Put in a container of milk or cool water.
- Get individual and the tooth to a dentist immediately.

19. Wounds

The treatment of wounds depends on the mechanism of injury and the type of wound caused, like laceration, puncture etc. Wound care involves cleaning and dressing to prevent infection (especially Tetanus) and protect the wound so that healing can occur. The control of any bleeding is the priority of care.

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A - Cuts/Superficial Abrasion:

Do These:

- Determine cause of injury
- Wear personal protective
- Gently wash the wound with soap and water to remove dirt
- Cover the wound with dry, sterile dressing and bandage
- Determine individual's Tetanus immunization status

B - Deep/Extensive Laceration:

Do These:

- Determine cause of injury
- Wear personal protective equipment
- Call or send someone to phone 999, for an ambulance
- Control bleeding by covering with sterile gauze dressing and apply direct pressure
- Gently wash the wound with soap and water to remove dirt
- Cover the wound with dry, sterile dressing and bandage
- Determine individual's Tetanus immunization status

C - Puncture Wound:

Do These:

- Determine cause of injury
- Wear personal protective equipment
- Call or send someone to phone 999, for an ambulance
- Control bleeding by covering with sterile gauze dressing and apply direct pressure
- Gently wash the wound with soap and water
- Cover the wound with dry, sterile dressing and bandage
- Determine individual's Tetanus immunization status

D - Bleeding:

Many injuries cause external or internal bleeding; bleeding may be minor or life threatening. Bleeding is one of the most frightening emergencies.

Remember:

- Remain calm
- You can stop most bleeding with pressure.
- Bleeding often looks a lot worse than it is.

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Do These:

- Wear personal protective equipment.
- Remove clothing to expose the wound.
- If individual is able, ask to apply pressure over the wound with a large sterile dressing while you put on gloves and eye protection.
- Apply firm pressure on the dressing over the bleeding area with the flat part of your fingers or the palm of your hand.
- A small amount of pressure is needed to control bleeding from a scrape. Press harder to stop severe bleeding.
- If bleeding does not stop, add a second dressing and press harder.
- Do not remove the first dressing because it might pull off some blood clots and cause the wound to bleed more.
- Check for signs of shock.
- Elevate the wound; raise the injured part of the body above the level of the heart to slow down blood flow to the wound.
- Ask individual to lie down, with the legs raised if you think that shock may develop.
- Monitor vital signs. Keep individual warm.

20. Food Poisoning

Do These:

- Have individual rest in bed.
- Give fluids if not vomiting.
- Call or send someone to phone 999, for an ambulance and transfer to emergency department immediately.

21. Fainting

Do These:

- Check the individual's ABC's and provide BLS if required.
- Lay the individual down and raise the legs about 12 inches above the level of the heart.
- Loosen constricting clothing.
- Check for possible injuries caused by falling.
- Reassure individual as he/she recovers.
- Send someone to phone 999, for an ambulance and transfer to emergency department immediately.

22. Poisoning

Do not try induce vomiting.

Do These:

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- Determine what was swallowed, when and how much.
- Monitor vital signs, level of consciousness.
- Send container of substance (medicine/s etc.) to the hospital.
- For a responsive individual:
 - Call or send someone to phone 999, for an ambulance and transfer to emergency department immediately.
 - If individual's mouth or lips are burned by corrosive chemical, rinse the mouth with cold water (without swallowing).
- For an unresponsive individual:
 - Put in recovery position and be prepared for vomiting
 - Call or send someone to phone 999, for an ambulance and transfer to emergency department immediately.

23. Diabetic Emergencies

People with diabetes sometimes have problems maintaining a balance of blood sugar and insulin in the body. They can go into hyperglycemia or hypoglycemia. Many factors can cause either of this condition. The immediate effects of low blood sugar can be more serious than that of high blood sugar. Individuals quickly progress to a medical emergency if they are not treated promptly.

Signs and symptoms of Hypoglycemia (low blood sugar):

- Sudden dizziness.
- Shakiness.
- Mood change or aggressiveness, anger
- Headache.
- Confused or having difficulty paying attention.
- Pale skin.
 - Sweating.
- Hunger
- Jerky movements

Do These:

- Ask and confirm if individual has diabetes; look for a medical alert ID.
- Give sugar.
 - 2 – 4 glucose tablets or
 - 6 – 8 ounces 100% orange juice or other juice.
 - 1 to 2 sugar packets or 5 or 6 pieces of hard candy (unless choking is a risk).
- If still feels ill or has signs and symptoms after 15 minutes, give sugar every 15 minutes until individual recover or EMS arrives.
- If individual is unable to sit up or swallow, call or send someone to phone 999, for an ambulance.
- If individual is having seizure, follow steps for management of seizure.

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-If individual is not having seizure and you do not suspect head, neck or spine injury, roll him/her to recovery position to help keep airway open.

Do not give foods that contain little or no sugar such as:

- Diet soda.
- Chocolate
- Artificial sweetener.

24. Bronchial Asthma Attack

During an asthma attack the airway becomes narrow and the individual has difficulty breathing. Many asthma individuals know they have the condition and carry medication for emergency situations. Untreated a severe asthma attack can be fatal.

Do These:

- Help individual rest and sit in a position for easiest breathing.
- Assist individual to use his/her medication (usually an inhaler)
 - Follow prescribed dose for children or adults
 - Use a spacer if available.
- Reassure individual and assess vital signs.
- Administer oxygen inhalation as per your school physicians' standing order.
- Call or send someone to phone 999, for an ambulance immediately if:
 - Individual does not know he/she has asthma (first attack).
 - Breathing difficulty persists after using the inhaler.

25. Seizures

Seizures or convulsions result from a brain disturbance caused by different condition such as; epilepsy, high fever in children, certain injuries etc.

Do These:

- Check for vital signs of life.
- Prevent injury during seizure; move away dangerous objects, put something flat and soft under the head.
- Loosen clothing around the neck to ease breathing.
- Gently turn individual to one side to help keep the airways clear if vomiting occurs.
- Call or send someone to phone 999, for an ambulance immediately if:
 - Seizure continues more than 5 minutes, recovers very slowly.
 - Has difficulty breathing or another seizures quickly follows.
 - Individual is not known to have epilepsy.
 - Individual has a history of diabetes or is pregnant or is injured.
- If individual is injured manage injuries resulting from the seizure.

26. Febrile Convulsion

-For individual with febrile convulsions follow the steps:

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- For reducing fever.
- For managing seizures

Do Not:

-Do not try to stop a convulsing individual's movement.

-Do not place any object in the individual's mouth.

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

Follow the following recommendations:

- Remain calm and communicate a calm, supportive attitude to the ill or injured individual.
- Never leave an ill or injured individual unattended. Have someone else call emergency assistance and the parent.
- Do not move an injured individual or allow the person to walk (bring help and supplies to the individual). Other school staff or responsible adults should be enlisted to help clear the area of students who may congregate following an injury or other emergency situation.
- If trained and if necessary, institute CPR.
- Do not use treatment methods beyond your skill level or your scope of practice. All persons working with students are encouraged to obtain training in CPD/First Aid Training through DHA PHC.
- Call emergency assistance immediately for:
 - Anaphylactic reaction.
 - Amputation.
 - Bleeding (severe).
 - Breathing difficulty (persistent)
 - Broken bone.
 - Burns (chemical, electrical, third degree).
 - Chest pain (severe)
 - Choking.
 - Electrical shock.
 - Frostbite.
 - Head, neck or back injury (severe).
 - Heat stroke.
 - Poisoning.
 - Seizure (if no history of seizures).
 - Shock.
 - Unconsciousness

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- Wound (deep/extensive).

How to call EMS (Emergency Medical System):

When you call 999 be ready to give the following information:

1. Your name and the phone number you are using.
2. The location and number of individuals.
3. What happened to the individual/s and any special circumstances or conditions that may require special rescue or medical equipment.
4. The individual's condition: is individual responsive, breathing or bleeding.
5. Individual's appropriate age and sex.
6. What is being done to the individual/s.

Every school should have a procedure for contacting the individual's parent/guardian/named contact individual in an emergency as soon as possible.

It is good practice to practice to report all serious and significant incidents to individual's parent/guardian by sending a letter home or by telephoning them

Chitra Sharma

PRINCIPAL

Virupaksha

ADMIN OFFICER

Dr.Fatima Taha

SCHOOL DOCTOR

SCHOOL CLINIC POLICY- 2022-2024

STAY AT HOME IF UNWELL

In order to protect our students' health and to reduce and minimize the spread of illnesses in the school, the following regulations shall apply.

1. Please **do not** send your child/children to school if they have:

- A fever
- A skin rash
- Vomiting (not to return to school for 24 hours after the last vomiting episode)
- Diarrhea (not to return to school for 24 hours after the last diarrhea episode)
- Abdominal pain
- Cough
- Shortness of breath
- Runny nose
- Nasal congestion
- Red, watery, sticky or painful eyes
- Myalgia or body ache
- Fatigue
- Sore throat,
- If he/she has an infected sore or wound, it must be covered by a well-sealed dressing or plaster.

If your child has any of the previously mentioned symptoms, please keep your child at home and he/she will only be permitted to return back to the school based on either a clearance certificate from their treating doctor or a negative PCR test where it is required.

2. If your child is assessed by the school doctor and deemed to be a possible risk of infection to other students, you will be contacted to take him/her home immediately.
3. Please make sure that a proper medical treatment is taken and inform the school health office if your child is being treated for a medical condition.
4. Kindly make sure that your child practices hand hygiene, maintains short nails, clean clothes and clean hair etc.
5. Anyone infested with head lice will not be allowed in school until the hair is thoroughly treated and is free from lice.
6. It is recommended to check your child for hair lice or nits, on weekly

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basis. If he/she is infested, start the treatment at home and report the same to the school nurse. It will be kept confidential.

7. Please inform the School if your child has been or being treated for a medical condition.

I have read and understand the Infection Control Policy.

Parent Name: _____

Signature: _____ Date: _____

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MEDICAL WASTE STORAGE AND DISPOSAL

Adequate waste disposal bins with lid and plastic disposal bags should be provided.

All bags are tied, labeled and secured before leaving the place of generation in the clinic.

Medical waste bags are removed daily from place of generation.

Independent medical waste storage area with proper ventilation is available.

Sharp box for disposal of sharp waste should be available.

Sharp box is replaced every 3 months or filled 3/4th.

Clinical and non-clinical wastes should be collected separately.

Valid contract should be made with waste management services for disposal of clinical waste.

REVIEWED IN SEPTEMBER 2023

PRINCIPAL

Chitra sharma

ADMIN OFFICER

Virupaksha

SCHOOL DOCTOR

Dr.Fatima Taha



Safe use of chemicals for infection control at JSSPS

Reviewed in September 2023

SCHOOL CLINIC POLICY- 2022-2024

Objective

To control Infectious agents while using chemicals safely:

- Breathing in airborne germs – coughs or sneezes release airborne pathogens, which are then inhaled by others
- Touching contaminated objects or eating contaminated food – the pathogens in a person's faeces may be spread to food or other objects, if their hands are dirty
- Skin-to-skin contact – the transfer of some pathogens can occur through touch, or by sharing personal items, clothing or objects
- Contact with body fluids – pathogens in saliva, urine, faeces, or blood can be passed to another person's body via cuts or abrasions, or through the mucus membranes of the mouth and eyes.

Scope

This policy in the school is to assume that everyone can be potentially in risk of infection including the cleaning staff. Proper procedures have to be followed at all times. School should have an appropriate measure for all the areas like personal hygiene, cleaning, safe use of chemicals etc.

Area for frequent use of chemical

- Reception lobby/waiting area
- Handrail of the doors, toilets. Classrooms, corridors, escalators, stairs and elevators
- Study tables and seats
- Toys, Stationery and educational materials
- Canteen surfaces
- Meeting, training and praying rooms
- Washrooms and changing rooms
- Educational media remote controls
- Kids playing area
- Computers and its accessories
- Bus seats and handles
- *Computer and its accessories*

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Personal hygiene practices– Before, during and after chemical use

Infection control procedures relating to good personal hygiene include:

- Hand washing – the spread of many pathogens can be prevented with regular hand washing. Thoroughly wash hands with water and soap for at least 20 seconds after visiting the toilet, before going for any task and after touching equipment and chemicals. Dry hands with disposable paper towel
- Unbroken skin – intact and healthy skin is a major barrier to pathogens. Cover any cuts or abrasions with a waterproof dressing while using chemicals
- Gloves – wear gloves if handling body fluids or equipment containing body fluids, if touching someone else's broken skin or mucus membrane, or performing any other invasive procedure. Wash hands between each work and use fresh gloves for new work where necessary
- Personal items – don't share personal items.

Workplace cleaning with chemicals

Infection control procedures relating to cleanliness in the School include:

- Regularly washing the floors, bathrooms and surfaces (such as tables and bench tops) with appropriate chemical as per Dubai municipality protocols.
- Periodically washing the walls and ceilings
- Thoroughly washing and drying mops, brushes and cloths after every use – drying mops and cloths is particularly important, since many pathogens rely on moisture to thrive
- Using disinfectants to clean spills of bodily fluids
- When using disinfectants – always wearing gloves, cleaning the surfaces before using the disinfectant, and always following the manufacturer's instructions exactly
- Spot cleaning when necessary.

Use of chemicals while dealing with spills of body fluids

Examples of body fluids include blood, saliva, urine and faeces. When dealing with spills of body fluids, infection control procedures need to be followed carefully. Always:

- Isolate the area.
- Wear gloves, a plastic apron and eye protection, such as goggles.

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Rules of Chemicals used for infection control

Ensures safe use of chemicals used for infection control as per the guidelines given by Dubai Municipality.

- 1) All the cleaning staff should be correctly trained for cleaning techniques, use of chemicals and using of equipment.
- 2) Use only Dubai Municipality Approved chemicals and before expiry date
- 3) Mixing the chemical with water as recommended by manufacturer and refer MSDS
- 4) Follow Standard operating procedure for disinfection treatment
- 5) Use PPE-Gloves. Mask, Safety shoes, Goggles, etc... While performing task.
- 6) Keep the Chemicals in Designated Area and Restrict to entry for un-authorized staff.
- 7) Wash all the used equipment after completion of task. And keep in designated area.
- 8) Expired chemicals to be stored separately and dispose as per guidance.

Reviewed and Approved by

Mrs Chitra Sharma
Principal

Mrs Bindhu Rajiv
Vice Principal

Mr Subodh Dhyani
Health and Safety Officer



Waste and Hazardous Management in JSSPS

Reviewed in September 2023

SCHOOL CLINIC POLICY- 2022-2024

INTRODUCTION:

Dubai Municipality has introduced the RASID waste management system to monitor and regulate registered waste management companies. Wastes in Dubai are classified under five main categories: general wastes, green/horticultural wastes, construction and demolition wastes, liquid wastes and hazardous wastes.

The Waste Management Department of the Dubai Municipality has a Waste Management Master Plan in place. The plan is the holistic, integrated and sustainable initiative for waste management in Dubai for the next 20 years. It sets up certain targets for waste diversion and recycling through the implementation of new policies, information technology, awareness and waste management facilities. These wastes are classified on the basis of their biological, chemical, and physical properties and generate materials that are either toxic, reactive, ignitable, corrosive, infectious, or radioactive and can be treated by chemical, thermal, biological, and physical methods.

At JSS Private School, we should abide by the RASID Management System.

HAZARDOUS WASTE IN SCHOOLS;

At JSSPS, science labs to cleaning supply rooms, an educational facility houses a variety of hazardous waste that must be managed and disposed properly for safety and compliance reasons.

There are several best practices that facility managers of school buildings should incorporate into their hazardous waste management programs. In addition to following certain protocols, having a clear understanding of hazardous waste regulations is the foundation for an effective program.

Hazardous Waste Regulations: The Basics

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RASID states that generators of hazardous waste are responsible for their waste from the time of generation to the final destruction. Schools are considered generators of hazardous waste, and therefore, facility managers of school buildings must follow all government-mandated guidelines outlined within RCRA and any other relevant federal, state, or local regulations that dictate how to manage and dispose of it. If they do not follow regulations, schools are at risk for receiving penalties, and their actions could have a damaging effect on the environment. Because schools are considered generators of hazardous waste, it's imperative for facility managers and janitorial team members to correctly identify and store hazardous waste generated on site. To ensure hazardous waste is managed in a safe manner that is compliant with government-mandated regulations, JSS Private School typically hires a hazardous waste disposal services company to provide compliance training in addition to pick-up and disposal services. After the hazardous waste is picked up from the school, the service provider assumes the responsibility of the waste and transports it to a treatment facility.

What Constitutes Hazardous Waste?

In a school building, there are several commonly-found items that have hazardous properties. Once an item containing hazardous properties is no longer usable, it is regarded as hazardous waste. A hazardous waste is a waste with properties that make it dangerous or capable of having a harmful effect on human health or the environment.”

Hazardous waste items possess ignitable, corrosive, reactive, and/or toxic characteristics. To determine if a product is considered a hazardous waste item, we can review its safety data sheet, manufacturer information, label, and ingredients, or refer to guidelines provided by your hazardous waste management service provider.

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Hazardous Hot Spots

As one of the most common sources of hazardous waste in a school building, science lab classrooms require special attention to ensure proper management, transport, and disposal of chemicals. From cleaning ventilation hoods to removing chemicals no longer needed, hazardous waste regularly needs to be addressed in school science labs.

Hazardous Waste Categories

Hazardous waste must be properly identified and separated by the following hazardous waste categories: aerosols and flammables, toxics, corrosive acidic, corrosive alkaline (basic), oxidizer, and universal waste.

Flammable items catch fire easily and have a flash point of less than 140 degrees Fahrenheit or 60 degrees Celsius.

Corrosive acidic and alkaline items easily corrode materials or human tissue. Acidic materials contain a pH of less than 2, while alkaline materials have a pH of 12.5 or higher. Many cleaning items commonly used in schools have corrosive characteristics.

Toxic items, such as rat poison, are harmful or fatal when ingested or absorbed. While not typically found in a school building setting, reactive waste can release toxic fumes when heated or mixed with water.

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Oxidizers actively support combustion, and include chemicals sometimes found in school laboratory classrooms, such as hydrogen peroxide, sodium perchlorate, and bromine.

Universal waste items include batteries, light bulbs, and pesticides, and must be managed by the same standards as hazardous waste. There are some items considered nonhazardous by states, such as soaps, shampoo, and non-bleachdetergents, that are regulated as hazardous waste and thus, must be treated as such.

Storage and Safety

There are several best practices for bagging, segregating, and storing hazardous waste that will help ensure the safety and compliance of your school's hazardous waste management program.

Properly seal items. Prior to storing any hazardous waste items in a bin, place them individually in a sealed plastic bag to keep items from commingling and causing a reaction. Double bag any containers that are leaking and add absorbents to prevent issues.

Use separate bins. Incompatible hazardous waste items must remain separate, so it's recommended to use separate accumulation bins that are designated for each of the following categories: aerosols and flammables, toxics, corrosive acidic, corrosive alkaline (basic), oxidizer, and universal waste.

Label containers properly. Once the initial item is placed within a bin, label the container as "Hazardous Waste" and also include the accumulation start date. Should an inspector ever visit your school, proper labeling is one of the first things the inspector will examine and evaluate? States often require weekly inspections of

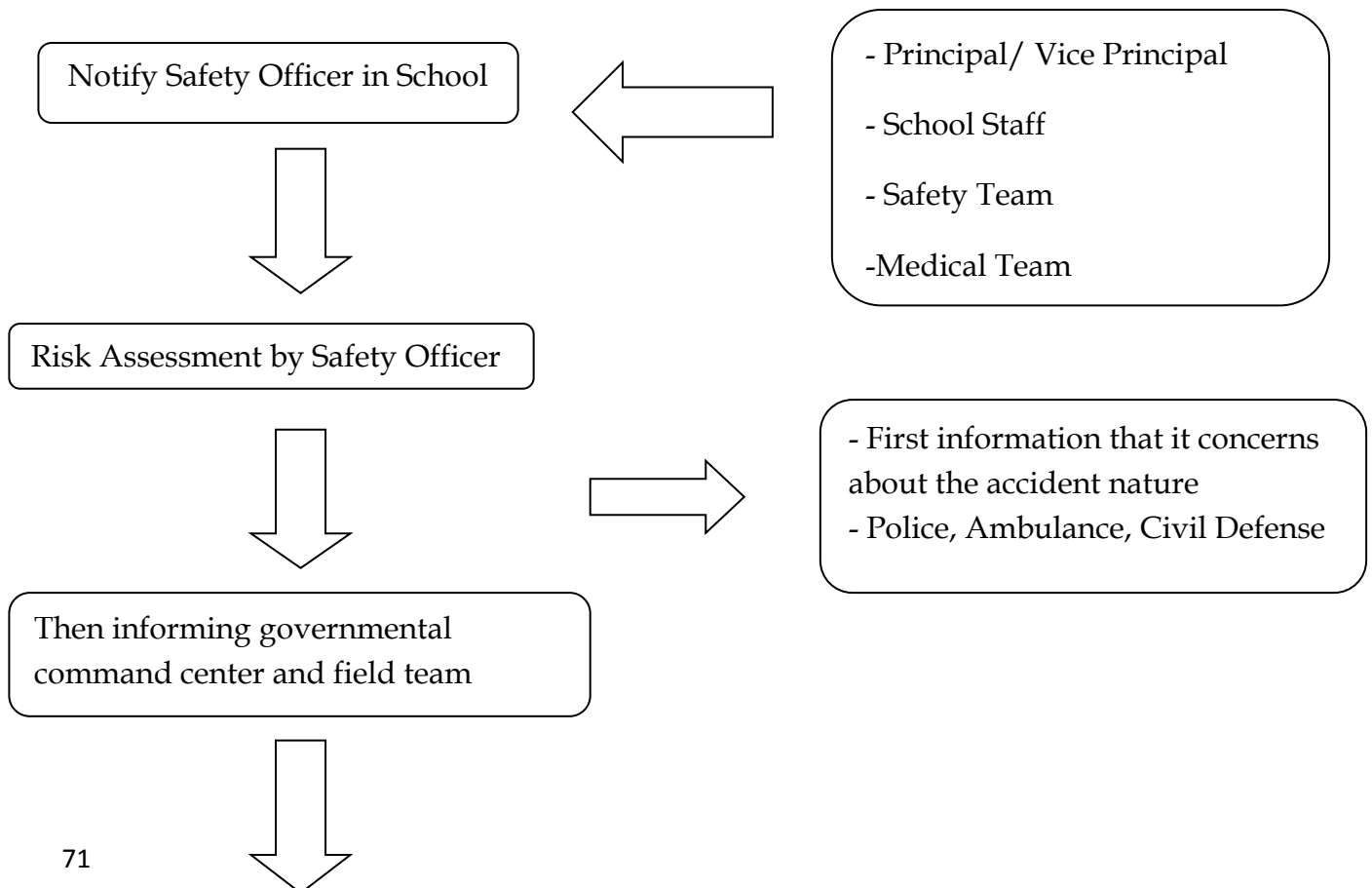
SCHOOL CLINIC POLICY- 2022-2024

hazardous waste accumulation containers and storage areas, but also depend on the regulations concerning our school's generator size.

Scout a safe storage area. Store accumulation bins in a dedicated, permanent, clean, and neatly organized hazardous waste area. The ideal location is away from traffic areas, electrical panels, perishable/consumable product storage, and dock doors. Also to keep containment bags, spill kits, and absorbent and other relevant supplies in the secure storage area. The waste bins should be clearly visible at all times, and emergency numbers, training materials, and posters should be on display in plain sight, as well.

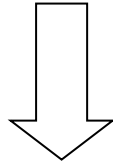
JSSPS COVID-19 EMERGENCY PLAN

Pathway for Dealing with Emergency Situations in JSS Private School



SCHOOL CLINIC POLICY- 2022-2024

Coordinating field and media response



Assessment of the response, Psycho-social support, Final Report

Chitra Sharma
PRINCIPAL

Virupaksha
ADMIN OFFICER

Dr.Fatima Taha
SCHOOL DOCTOR

SUMMARY

This policy should be read in conjunction with the following policies:

- ❖ Discipline and Behavior Policy
- ❖ Transition Policy
- ❖ Health and Safety Policy
- ❖ Whole School Curriculum Policy
- ❖ Cyber Safety Policy

In JSS Private School we value each child as a unique individual. We will always continue to strive to meet the needs of all our children and seek to ensure that we meet all statutory requirements related to matters of bullying.

Agreed at the governing body meeting on

Date.....

CEO.....S/d.....

Principal.....S/d.....

Vice principalS/d.....

Approved by the Governing Body : ----S/d-----

Chair of Governors

Review of policy

SCHOOL CLINIC POLICY- 2022-2024

The School Clinic policy is monitored by SLT and reviewed on a annual basis

Policy Details	
Version Date	September 2022
Last review	September 2023
Next review	September 2024
Responsible SLT	Vice Principal

SCHOOL CLINIC POLICY- 2022-2024



PHYSICAL ACTIVITY POLICY

REVISION DATE: SEPTEMBER 2024

Prepared By:

MELJI SHYJU

SCHOOL NURSE

Revised By:

DR.FATIMA TAHA

SCHOOL DOCTOR

Approved By:

MRS.CHITRA SHARMA

PRINCIPAL

SCHOOL CLINIC POLICY- 2022-2024

Physical Activity Policy

Aim of Policy We have a responsibility to help pupils and staff establish and maintain lifelong habits of being physically active. Regular physical activity is one of the most important things people can do to maintain and improve their physical health, mental health, and overall well-being. Regular physical activity reduces the risk of heart disease, high blood pressure, colon cancer and diabetes in particular. Promoting a physically active lifestyle among young people is important because:

- Through its effects on mental health, physical activity can help increase pupils' capacity for learning
- Physical activity has substantial health benefits for children and adolescents, including favorable effects on endurance capacity, muscular strength, body weight, and blood pressure
- Positive experiences with physical activity at a young age help lay the basis for being regularly active throughout life. Therefore, this policy promotes practices within the school to reinforce our vision, and to remove or discourage practices that negate them.

Definition of Physical Activity

Physical activity is defined as any force exerted by skeletal muscle that results in energy expenditure above resting level and includes the full range of human movement, from competitive sport and exercise to active hobbies, walking and cycling or activities of daily living'. Provision of Physical Activity in School Physical activity in school is provided through the following;

1. School ethos
2. Physical Education Lessons
3. Active lessons
4. Extra-curricular physical activity
5. Before School, Break and lunchtime activity
6. Accessible and adequate facilities
7. Staff opportunities
8. Involvement with parents/carers
9. Involvement with School Sports Partnership and other community resources
10. Healthy Lifestyles themed day/week
11. Achievement Assemblies

SCHOOL CLINIC POLICY- 2022-2024

1. School Ethos

Every student shall be physically educated - that is, shall develop the knowledge and skills necessary to perform a variety of physical activities, maintain fitness, regularly participate in physical activity, understand the short and long-term benefits of such activity, and value and enjoy physical activity as an ongoing part of a healthful lifestyle. In addition, older pupils are encouraged to take responsibility for their own health and the health and fitness of the younger pupils by becoming a Sports Leader.

2. Physical Education Lessons

There is a sequential scheme of work of physical education that involves moderate to vigorous physical activity on a regular basis; teaches knowledge, motor skills, self-management skills, and positive attitudes; promotes activities and sports that pupils enjoy and can pursue throughout their lives; is taught by well-prepared and well-supported staff; and is coordinated with the PSHE curriculum. Every pupil in each year shall participate in regular physical education for the entire school year, including pupils with disabling conditions and those in alternative education programs. Our commitment to physical activity is such that this year our weekly provision continues to be 35-minute lessons. The scheme of work makes effective use of school and community resources and equitably serve the needs and interests of all students and staff, taking into consideration differences of gender, cultural norms, physical and cognitive abilities, and fitness levels.

3. Active Lessons

All students look for opportunities to plan active lessons where possible and appropriate, for example; delivering literacy speaking and listening through dramatic.

4. Extra-Curricular Physical Activity

This school offers a physical activity programmed that features a broad range of activities and meets the following criteria:

- Students have a diverse choice of activities in which they can participate. Competitive, non-competitive, structured, un-structured, and including some physical activity options e.g., gardening or drama.
- Every student has an opportunity to participate regardless of physical ability;
- Students have the opportunity to be involved in the planning, organization, and administration of the programmed. E.g., the Sports Captains organize and train the House Teams in netball and football.
- Pupils are consulted, via the School Council, which physical activities they want to have at lunchtimes and after school. Activities include: Football, Yoga, basketball, dance and many more.

SCHOOL CLINIC POLICY- 2022-2024

All activities shall be supervised by qualified staff, coaches or instructors. During this time, pupils are encouraged to participate in a number of physical activities that they may not have done or is not available in the regular school-based curriculum.

5. Before School, Break and Lunch Time Activity

Our Breakfast club and break times provide opportunities for physical activity, which help students stay alert and attentive in class and provides other educational and social benefits. The school has playgrounds with playground markings which the pupils use on a regular basis. Lunchtime supervisors engage pupils in physical activity at lunchtime.

6. Accessible and adequate facilities

The school endeavors to ensure the cost-efficient provision of adequate spaces, facilities, equipment, supplies, and operational budgets that are necessary to achieve the objectives of the physical activity program. Access to sports halls Yoga room and playgrounds after school hours will be permitted wherever it is appropriate to do so.

7. Staff Opportunities

There is a focus on staff well-being through a planned programs of activities offered during week end. Staff offer activities and external agencies are invited into school during that week.

8. Involvement with Parents/Carers

Family members and other adult volunteers are encouraged to become involved with school activities. All volunteers shall receive an induction about relevant school policies, procedures, and standards of conduct and will be subject to background and reference checks. This school involves parents in physical activity to gain their support and encouragement, which is essential if pupils are to participate in physical activity outside of school. For example:

- Parents are encouraged to play their part in teaching their child to swim by helping them to develop water confidence and swimming skills at an early age. Children can then build on this learning during school swimming sessions. Swimming is a great way for families to enjoy fun and exercise together. It is also an activity that people can enjoy at any age, and hopefully children will develop into lifelong swimmers as a way of keeping fit and having fun.
- Parents are invited to our Health and Sports Week and are able to participate in activities with the children.
- Parents have been consulted on physical activity opportunities in school.
- The local community is able to use the Sports Facilities and clubs on offer after school for the community on the school site, which has proved very popular with parents.

SCHOOL CLINIC POLICY- 2022-2024

9. Involvement with School Sports Partnership and Other Community Resources

The school works with recreation agencies/sports development and other community organizations to coordinate and enhance opportunities available to students and staff for physical activity, joint school and community recreation activities. The school has achieved the Active Mark and regularly liaises with the pyramid of schools to further enhance the provision of community activities..

10. Healthy Lifestyles Themed Day/Week

Specific time is allocated each school year to focus on promoting healthy lifestyles, which includes physical activity taster activities where children can try new activities not currently offered by school. Links are made to healthy eating, risk taking and drugs, road safety and first aid. Parents, staff and local community resources, such as Sports Development are involved in activities during this week.

11. Physical Achievements

We regularly hold achievement assemblies to celebrate physical achievements as well as academic performance. We believe these assemblies are very important as they raise the pupil's confidence and self-esteem, which in turn may encourage them to continue being active. Certificates are given to children who are trying their best at a new activity or who have achieved their personal best. Therefore, every child has a chance to receive a certificate in our achievement assemblies.



SCHOOL CLINIC POLICY- 2022-2024

NUTRITION POLICY

REVISION DATE: SEPTEMBER 2024

Prepared By:

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SCHOOL PRINCIPAL

SCHOOL CLINIC POLICY- 2022-2024



Contents:

1. Aims, purpose and responsibility
2. Food in the curriculum
3. School lunches
4. Packed lunches
5. Snacks
6. Breakfast club
7. Partnership with parents and carers
8. Disseminating the policy

1. Aims, purpose and responsibility

Why children need to eat well.

- What children eat today shapes how they'll eat for the rest of their lives
- Too many children aren't getting enough of the right foods to eat and too little of the foods that help keep them healthy
- When children eat better, they do better they're in better shape to reach their full potential
- Being able to cook is an essential life skill: it all starts with getting children excited about food
- Eating good food is one of life's real pleasures: every child should know how it feels to enjoy a tasty meal with people you love.

This policy covers all food provided and consumed in school including before, during and after school and on school trips and in extra-curricular events.

SCHOOL CLINIC POLICY- 2022-2024



Why a policy is needed?

At JSSPS we recognize the important part a healthy diet plays for a child's wellbeing and their ability to learn effectively and achieve. We believe that the school, in partnership with parents and carers, can make a major contribution to improving children and young people's health by increasing their knowledge and understanding of food and helping them to make healthy food choices.

This policy explains

- What we do to provide healthy balanced food throughout the school day
- How we help pupils eat healthily
- What we teach so that pupils know how to make healthy food choices
- Our approach to improving pupils' health through healthy eating.

We aim to

- Provide safe, tasty, and nutritious food that promotes health
- Enable all pupils to have a healthy school meal
- Make healthy eating enjoyable and the norm
- Provide safe, easily accessible water during the school day
- Promote healthy eating/healthy food choices and discouraging unhealthy eating/unhealthy food choices
- Be a role model for healthy eating
- Monitor healthy choices, including packed lunches
- Use a range of opportunities to promote healthy eating

Responsibility:

It is the responsibility of all staff including teaching and support staff to implement the food policy and to actively act as role models to demonstrate positive attitudes to healthy eating and to develop pupils' awareness and understanding of how to make healthy food choices:

SCHOOL CLINIC POLICY- 2022-2024



2. Food in the curriculum

Food, its production and preparation are an important part of the curriculum for all pupils and is taught across the curriculum through science, PE and enrichment

This policy will contribute towards other policies in the following ways:

Behavior:

Children who eat healthily are more focused on their work and behavior is better

Science: Healthy eating and nutrition is part of the science curriculum

Equality: We take account of the needs of all our children, including those with allergies

Curriculum assessment

3. School lunches

All our school meals are provided by a contracted caterer, who acts in accordance with the School Food Standards. The dining area has a calm and positive atmosphere where children socialize and enjoy the dining experience. Staff monitor food choices and encourage pupils to try new foods.

4. Monitor student's lunch brining from home

Aim

To ensure that all packed lunches brought from home and consumed in school (or on school trips) provide the pupil with healthy and nutritious food that is similar to food served in schools which is in line with The School Food Standards.

Packed lunches should not include:

- Snacks such as crisps. Burgers, canned food
- Confectionery such as chocolate bars, chocolate-coated biscuits, chocolate spread, sweets and chewing gum.
- Meat products such as sausage roll, individual pies, corned meat and sausage
- Fizzy or sugary drinks.

These expectations are monitored by lunchtime staffs, who communicate with parents when necessary.

Special diets and allergies



SCHOOL CLINIC POLICY- 2022-2024

The school recognizes that some pupils may require special diets that do not allow for the standards to be met exactly. Lunches are as healthy as possible. For these reasons pupils are also not permitted to swap food items.

Packed Lunch Containers

Pupils and parents are responsible for providing a packed lunch container where food items can be stored securely and appropriately until the lunchtime period. Pupils and parents are encouraged to bring packed lunches in reusable lunch box, rather than disposable plastic bags and bottles.

Monitoring packed lunches

To promote healthy eating, we will regularly monitor the content of packed lunches and involve pupils and staff. We will talk to parents and carers where necessary and offer advice and guidance on bringing healthy packed lunches.

5. Snacks

As part of promoting healthy eating children are encouraged to eat the fruit and vegetables.

Only healthy snacks are allowed at break time. Fizzy drinks, sweets, crisps and chocolate biscuits are not allowed in school or on school trips.

6. Breakfast club

Aim

- To provide food for children of families that has an early start to their day
- To improve pupils' education: if a child misses out on breakfast they may suffer from tiredness, a lack of concentration, poor behavior or learning issues by mid- morning.
- To meet the social needs of children and improving social skills in a relaxed environment and with children of varying ages
- To improve the punctuality of some children who were frequently late
- To improve links between parents and school and children and class teachers

The club offers a calm, clean, pleasant environment for children to eat a healthy breakfast and to socialize with other children and adults.

A good variety and healthy balance of foods as recommended by the Balance of Good Health

SCHOOL CLINIC POLICY- 2022-2024

1. A good portion of starchy food, e.g., lower salt/sugar breakfast cereals, bread, toast, fruit bun or bagel
2. Fruit and vegetable choices such as orange juice, fresh or dried fruit
3. A portion of milk or dairy food e.g., semi skimmed milk on cereals or low-fat yogurt
4. A choice of drinks e.g., water, juice, and semi skimmed milk
5. An opportunity to have exercise outside when the weather permits

Special diets and allergies

Nut allergies

We are a nut free school but we cannot guarantee that food products are totally nut free. Parents are asked to refrain from providing food products, which may contain nuts, in packed lunches or any other food brought into the school and children with a nut and/or peanut allergy have an individual management plan.