



School of Modern Skills School Clinic Policy

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Introduction

The Clinic team provides first aid to sick and injured students during School hours and during after School activities on the School Campus. The Clinic administers medicines and refers students for follow up with medical practitioners or to emergency services if needed.

The clinic is well equipped and with an automated electronic defibrillator, a nebulizer and oxygen apparatus, which all help to provide appropriate medical first aid response.

The school participates in health campaigns with the school doctor giving regular health talks to students to promote a healthy lifestyle. If the children are unwell at school, they will be cared for at the clinic until collected by a parent or a guardian.

Purpose

To make the parents aware of how to notify the school, if children have been unwell and will not be attending on that day.

To make the staff aware of the procedure if they suspect a child who is unwell or has an infectious disease.

To give guidelines to communicable diseases and illness within the school and actions to be taken.

Scope

- Providing direct care to students.
- Providing care for injuries and acute illness for all students and long-term management of students with special health care needs. Responsibilities include assessment and treatment within the scope of



professional nursing practice, communication with parents, referral to physicians, and provision or supervision of prescribed nursing care.

- An individualized health care plan is developed for students, and when appropriate, an emergency plan is developed to manage potential emergent events in the school setting.
- Responsible for management, planning and communicating provision of school health services for children with special health needs, including children with chronic illnesses and disabilities of various degrees of severity.
- Ensuring that the student's individualized health care plan is part of the individualized education plan (IEP), when appropriate, and that both plans are developed and implemented with full team participation, which includes the student, family, and pediatrician

Health Examination and Screening Policy

Purpose

The health examination and screening serve multiple purposes, whether it is provided by the student's school Doctor with the help of the school Nurse.

Best practice for physical examination procedure in the presence of the school Nurse. Student dignity and privacy should be a priority.

- To make an appropriate assessment of the student's current health status.
- To determine the student is free from contagion; and fit to attend and participate in all aspects of the school program.
- To indicate the need and extent to which the school program can be modified according to the health conditions of the students.
- To inform the parent/ guardian about any physical findings which require further investigations and treatment.
- To provide an opportunity to counsel the student and the parent/ guardian concerning:
 1. Any health issues or conditions detected
 2. Securing appropriate care and supports in the school environment

Policy Statement

- Full General physical examination & screening will be done to students for grades 1,4,7,10 through the academic year
- For KG students only recording height, weight and BMI.



- General physical examination & screening will be done to new admission students through the academic year
- Consent will be sent to be filled and signed by parents as to explain to the medical team any health condition the student is suffering from (Health history, Family history, Hospitalization history, Blood transfusion history, agreement for immunization in the school facility).
- Parents will be informed by a notification of referral or an immediate phone call from the medical team if the student requires any special medical attention found during physical examination.
- Immunization records for each student are checked by the school Doctor and school nurse for updating and any missing doses.
- The physical examination should include a full body screening conducted as indicated in both a seated and supine position.
- School Nurse will measure and record height and weight with corresponding BMI for each student using a Z-score according to gender.
- General built and Appearance: Head size, head configuration, head symmetry, body habit, alertness, attention span, gait, posture, general nutrition, and behavior patterns.
- Integumentary system (Skin, Hair, Teeth): skin color, skin temperature, skin texture, skin pigmentation, skin thickness, skin hygiene, skin eruptions, skin lesions, scars, nails, body piercing, tattoos, hair texture, hair distribution, hair pattern of loss, nits and dental caries.
- Eyes: Visual screening will be done using (Snellen chart), external structures, alignment, extra ocular movements, pupils, conjunctiva, sclera, and cornea.
- Ear: Auditory screening will be done using (Tuning Fork) to confirm Rinne's test & Weber 's test, external structures, ear canal tympanic membrane.
- Respiratory system: Nose (septum, mucosa, turbinate, shape, discharge) ,Mouth (lips, oral cavity mucosa, tongue, frenulum, gingival, tonsils, palate, pharynx), Neck(thyroid, trachea, range of motion, Lungs(rate and quality of respiration, breath sounds.
- Cardiovascular system: Chest(size, shape, symmetry of thorax, breasts), Heart (auscultation for rate, rhythm, heart sounds, extra/abnormal sounds (murmur, gallops) ,presence of normal pulse including lower extremities
- Gastrointestinal system: organomegaly, masses, tenderness, bowel sounds
- Genito-urinary system: Asking about any relevant medical history related to the urinary system.
- Musculo-skeletal system including examination of the back: muscle mass and tone, strength, extremities, involuntary movements, mobility, scoliosis



- Central nervous system: mental status, speech/language, balance/coordination, motor, sensory and reflexes are needed.
- Endocrine system: Asking about any relevant medical history related to endocrine glands (pituitary, thyroid, adrenal, pancreas, ovaries and testicles).
- Mental Development: according to age.

Health Record Management and Retention Policy

Purpose

- For proper handling and protection of students' health information
- To regulate transferee of student health records between DHA regulated schools
- To establish rules for retention based students' school health records
- Ensure that records of permanent value like vaccination cards are handled in a proper way

Policy Statement

- The school clinic is responsible for issuing a school health record for each student starting from Grade one.
- The school clinic is responsible for issuing a school health record for new admission students coming from non DHA regulated schools.
- The school clinic (School Nurse) is responsible to upgrade each school health record every academic school year.
- A School Nurse is responsible to keep all students' school health records safe without any damages or to be lost.
- School health record is provided by a sample from Dubai Health Authority, Primary health care and school health services.
- Each school health record includes all the medical and immunization history of the student through school years.
- School health record should contain:
 - ❖ Significant medical information (Allergy, Others as chronic illness)
 - ❖ Consent for immunization
 - ❖ Original vaccination card or a copy
 - ❖ Emirates Identity Card copy
 - ❖ In case of chronic illness a medical report from a specialist



- During transferee of students from the school parents are allowed to take the school health record of their children to the other school that will be documented by name of the student, date and if the original vaccination card is present in the record with signature of the parent.
- In case other school clinics request the school health records of their students, the school driver will be handed the school health record which will be labeled by the name of the student, date, name of the school, if original vaccination card is present and signature.
- By the end of each academic year all Grade Twelve students will be given their school health record that will be documented by their name, date, if original vaccination card is present and their signature.
- All school health records for last academic year will be kept in the school clinic.
- Other school health records will be transferred to the archives and kept for a maximum of five years.
- School health records that are exceeding five years in the archives will be discarded.

Minor Injuries First Aid, Emergency Transfer and Referral Policy

School Medical Services

Our school has a well-equipped First Aid Clinic with Full Time Doctor and Nurses and other supporting staff also.

- All cases of injury or illness receive prompt attention. Whenever additional medical aid is required, parents are informed and emergency transportation by the national ambulance is provided to take the student to the suitable hospital.
- Children should not be sent to the school without a medical Certificate or the School Doctor's approval in cases of infectious disease.

Purpose

- To set rules and responsibilities for school staff and medical staff in case of minor injuries and in emergency situations.
- To reduce and limit the misunderstanding and lack of medical information between the school staff and parents/guardians.

First Aid & Emergency Cases

All the Teaching and Non-Teaching staff are instructed to send /take the child to the School Clinic whenever injury or illness is seen. The School Nurses and Doctor will administer First Aid treatment and in severe cases call the National ambulance for referral to the suitable Hospital. The concerned parents are intimated and if they request for taking the child to the Private Clinic/Hospital it is adhered to.

As a school, the safety of the child is prime importance

Policy Statement

- As soon as a child is hurt in any way and requires medical attention, send him or her to the clinic immediately.
- In case of minor injuries for KG department students and G1-G2 students, the class assistant teacher will call and inform the parents and a notification will be sent to the parents.
- If the child is grievously injured the teacher in charge will escort the child to the clinic.
- If the child has fallen and appears to have broken a bone or cannot move due to pain, send for the nurse.
- As soon as the child is handed over to the Doctor/Nurse the Supervisor will call and inform the parent/guardian about their child's condition.
- If the child is hurt so badly that he /she requires to be taken to the Hospital, the parent is called and asked if the child can be shifted to the hospital. If they indicate a preferred hospital, then that is where the child will be taken with the help of the National ambulance.
- In case of transfer to the hospital the child will be accompanied by the Nurse as well as Teacher /Supervisor of the section, in case parents cannot come at a proper time to school.
- An accident report must be filled when there is grievous injury and a DHA referral form will be sent with the child to hospital.
- In case of an emergency a medical report will be sent to the school principal.
- The Nurse/ Teacher/Supervisor follow up on the following days to inquire about the welfare of the child.
- Support is provided to the child in covering the work that has been missed on his/her return by the concerned Teachers/Supervisor.

Parents Notification Policy

Purpose

- To keep the parents informed about the health status of their child if needed as per the observation by the school medical staff or any other staff at school as considered necessary by the school doctor or nurses.

Procedure

- Whenever there is a medical condition in a child that needs to be reported to parents, it is done by the school nurses or school doctor as soon as possible so that the proper medical information is conveyed and the investigation cum possible management plan discussed. This is to ensure that the child receives the proper medical care.
- In case of First aid, it is usually done by calling the parents by phone especially for PS students if permission for medication is to be taken or the child needs to be monitored at home or needs follow up with a specialized physician.
- If both parents cannot be contacted, a letter is sent home with the child signed by the nurses/doctor. If it is urgent, an SMS is sent.
- For Medical Check-up/Screening if any abnormality is noticed, a notification letter duly signed by Medical staff is to the parents, sometimes with an information leaflet. Occasionally it becomes necessary to call the parents if we want to discuss in detail and also for minor or subclinical findings.
- In case of emergency, a phone call is the most preferred way to inform, but if the parents cannot be reached quickly, we will continue the medical management as per the consent and what is in the best interest of the safety and wellbeing of the patient or refer the patient by ambulance if needed. Efforts to call the parents will continue by the administration if the medical staff is busy.
- If the parents are out of town, the next emergency contact number can be tried.
- In case of communicable diseases, a notification letter is sent to the whole class or one section only if considered necessary as per Dubai Health Authority guidelines and after consulting the school health services.
- Sometimes email to parents can be used especially if response from parents is not sufficient and timely for persistent or significant conditions.

Reference: School services DHA (Primary Health Care Sector)

www.dha.gov.ae

Immunization Policy

Purpose

- To ensure all school students are following the governmental immunization schedule.
- To ensure all school students are not missing any of their vaccine doses.
- To help parents/guardians to understand the importance of immunization to their children and that one of the duties of the school clinic is immunization.
- To help parents/guardians to understand the importance of keeping their children's vaccination card safe and not to be lost and their responsibility towards the school clinic in providing the necessary documentation of their children's immunization feedback.
- To set responsibilities of the school clinic towards parents/guardians informing them about type, time of vaccines needed for their children and post vaccination precautions.

Policy Statement

- For KG department students the school clinic is not giving any of the routine vaccination and they will be referred to Primary Health care centers.
- The school clinic will give KG department student's campaign vaccines only during the immunization campaigns that are implemented by Dubai Health Authority.
- For KG department student's parents/guardians must submit a copy from the original vaccination card of their children to the school clinic as to make sure their children had received their preschool compulsory governmental immunization, this feedback will be recorded in each student school health record and the copy will be attached.
- For students attending Grade 1 to Grade 12, parents/guardians must submit the original vaccination card to the school clinic which will be attached to each student's school health record.
- The vaccination cards will be checked by the school Nurse as she will inform the parents/guardians personally or by a telephone call whether the school clinic will keep the original vaccination card or will ask from the parents/guardians to come to the school clinic for returning back of the original vaccination card and only keeping a copy in the students' files.



- The date of submission of the original vaccination card or its copy to the school clinic will be documented inside the students' files by the school Nurse.
- The school Nurse is totally responsible for all the students' school health records, original vaccination cards and vaccination card copies.
- The school clinic will immunize the students that only hold their original vaccination card in their school health record.
- The school Nurse is responsible to add the names of students that their parents/guardians are willing to give them the vaccines they need in the school clinic in a vaccination list (each student with his name, grade, age and type of vaccine).
- The school Nurse is responsible to send to the Dubai Health authority a letter for approval of vaccination sessions in the school by total number of students, vaccines needed, syringes and date of vaccination.
- When the clinic receives the approval letter from DHA, the school Nurse will send a consent for immunization with date and type of vaccine/vaccines to parents/guardians to be filled and signed for agreement of vaccination to their children and to be sent back to the school clinic.
- The school Nurse will be responsible to collect the vaccines on a daily basis as approved from DHA central store in AL KARAMA area DUBAI on the day of the vaccination sessions.
- The school Nurse is responsible for keeping all vaccines safe in the vaccine carrier, monitoring the temperature of the carrier and VVM of the vaccine bottles.
- After vaccination all parents/guardians will receive post vaccination notification with the type of vaccines the students were given and some precautions that should be followed as in case of fever.
- In case the students have any kind of illness during the vaccination session that can be against vaccination as in case of fever, vaccination will be rescheduled for these students.
- In case of any post vaccination side effects during the vaccination session, some conditions the school clinic can treat other conditions a direct call for the Ambulance will be done and informing the parents/guardians.
- For Grades 1 and 2 students, assistant teachers are responsible to attend the vaccination sessions for them.
- In case of DHA vaccination campaigns including KG department students, Teachers must attend the vaccination session with them.

- The school Nurse is responsible to attach the consent for immunization of the students in their school health record and documentation of the type of vaccines they received by, the date, batch number, and Nurse signatures in the immunization during school period page inside the school health record and inside the original vaccination card.
- An email will be sent to all parents/guardians that did not submit any original vaccination card or copy, this e-mail a copy will be attached inside the school health record of the students.
- In case parents/guardians are refusing to give their children vaccination inside the school clinic, an e-mail will be sent to these parents/guardians and the school Nurse is responsible to send for them DHA REFUSAL LETTER to be filled and signed by the parents/guardians and sent back to the school clinic, the school Nurse is responsible to attach the refusal letter inside the school health record of the students.
- The School Nurse is responsible for preparing the DHA refusal list.
- Optional Vaccines like Hepatitis A, Varicella, Typhoid, Meningococcal and Influenza are not given in the school Clinic.

Medication Policy

Purpose

- To regulate all medications including prescription and non-prescription medication in the school clinic.
- To standardize the school medication.
- To assure proper dispensing of medication in the school clinic.

Policy Statement

- Medications should be limited to those required during school hours, which are necessary to maintain the students in school, and those needed in the event of an emergency.
- School clinic is following the DHA standard school medication policy
- School clinic must protect students' privacy and confidentiality to avoid any stigmatization
- School clinic ensures all medications to be administered to students:
 - ❖ Accompanied by written advice providing directions for appropriate storage and administration

- ❖ In the original bottle or container clearly labeled with the name of the student, dosage and time to be administered
- ❖ Within its expiry date
- ❖ Stored according to the product instruction, particularly in relation to temperature
- The registered school Nurse is responsible to develop and manage the administration of medications to students
- The school Nurse responsible to ensure that the correct student receives:
 - ❖ Their correct medication
 - ❖ In the proper dose
 - ❖ via the correct method, such as inhaled or orally
 - ❖ At the correct time of the day
- The licensed school physician is responsible to prescribe medications on an individual basis as determined by the student's health condition.
- For all students in KG department, Grade one and Grade two medications are only to be given after taking permission from the parent/guardian as the assistant teachers and section supervisor are responsible to call the parent/guardian and inform them about the health condition of their child, taking their order back to the school clinic to start the treatment and a notification will be sent to the parent/guardian with the complaint, date, time of medication given.
- For all school students in case of emergency situations the school clinic is allowed to give medications without parent/guardian permission.
- For students attending Grades three till Grade twelve the school clinic is allowed to give medication without parent/guardian permission and a notification will be sent to the parent/guardian with their children's complaint, medication given, time and referral if necessary.
- The school clinic is not allowed to keep any outside medication as example: Antibiotics, only in case the parents are providing their physician prescription paper with patient's details;
 - ❖ A written request from the parent/guardian with date and signature, Student Grade and Section
 - ❖ Name of the Student
 - ❖ Date of Birth
 - ❖ Prescriber, Signature and date
 - ❖ Licensed Prescriber Phone and Emergency Numbers

- ❖ Name of Medication (Dosage, Route of administration, Frequency and time of administration)
 - ❖ Diagnosis required medication
 - ❖ Intended Effect of the Medication/Possible Side Effects
 - ❖ Other Medications the student is receiving
 - ❖ Approval for Self-Evaluation
 - ❖ Approval for students to carry emergency medication on their person
- Medication must be brought to the school in a container, labeled appropriately by the pharmacist or licensed physician
 - A conformational phone call will be made to the parent/guardian from the school clinic staff
 - Teachers and assistant teachers in charge of students at the time their medication is required:
 - ❖ Are informed that the student needs to be medicated
 - ❖ Release the student from class to obtain their medication
 - In case the parents will not provide prescription and other details, parents will be requested to change the timing of their children medication before and after school timings, as the school clinic will not be allowed to keep the medication or to handle to the student
 - School clinic should not dispense any medication unless parents provide approval (verbal or written)
 - In case of Diabetic students, the school clinic will not keep or handle Insulin or Glucagon injections unless an approved medical report is provided by the parent/guardian.

Policy on diabetic care management and glucagon administration

Purpose

- To achieve a high diabetic care in the school and day care setting necessary for the child's immediate safety, long-term wellbeing and optimal academic performance.
- Delineate responsibilities assumed by parents/guardians towards their child and towards the school clinic.
- Delineate responsibilities assumed by the school clinic, supervisors and teachers towards diabetic children in the school.

Policy Statement

- A full detailed medical report from the child authorized physician, this report should contain:
 - ❖ Name of the child and Age
 - ❖ Diagnosis
 - ❖ The current treatment used (type of insulin) and doses
 - ❖ How many times Blood sugar level should be measured per day
 - ❖ Treatment in case of Hypoglycemia, when to recheck BSL
 - ❖ Treatment in case of Hyperglycemia, when to recheck BSL
 - ❖ Dose of Glucagon injection, way of administration and medical situation to be used in
 - ❖ When to call Ambulance
 - ❖ Recommendation before, during and after exercise
- Parents should provide to the school clinic:
 - ❖ Glucometer, glucometer strips, lancets
 - ❖ Insulin pen and Insulin pen needles
 - ❖ Alcohol prep pads
 - ❖ Glucagon emergency kit
 - ❖ updated medical report every 3 months
 - ❖ Emergency phone numbers for parents/guardian and the child's physician
 - ❖ Information about the child's meal/snack, during parties or other activities
 - ❖ Informing the school clinic in case of changing insulin dose, illness or hospital admission of the child
- School nurse will handle all of the children equipment and write the name of the child on the equipment and opened dates and expiry dates of the Insulin pen
- School nurse will check and inform the parents when any of the equipment are soon to be finished, as to supply the school clinic with the new equipment
- School nurses will check the Blood Sugar Level of the child who cannot check for themselves.
- School nurse will check the Blood Sugar level according to the recommendations (time) of the child's parent and his physician through the school day.
- School nurse will have recorded inside the child's health record the reading and time of Blood Sugar level after checking with Glucometer, how many Insulin units were given to the child.

- School nurse will call the parents to inform them about the reading and take the parents' order according to the Insulin units that should be given to the child.
- In case of children having Insulin Pump, the school nurse will check the blood sugar level and will call parents and inform them about the food the child ate, then will take the order from the parents about how many calories to be inserted in the machine.
- In case of any emergency situation like unconscious hypoglycemia, severe hyperglycemia, accidents or physical injury through the school day will call the Ambulance for referral to hospital and call the parents informing them about the situation.
- In case of hypoglycemia 120 ml of juice will be given then recheck of blood sugar level after 15 min, sugary snack can be repeated until blood sugar normalizes (more than 70mg/dl).
- Glucagon pen injection 1mg IM will be given in case of unconscious hypoglycemia and or seizures and call Ambulance and re-check blood sugar after 15 min.
- In case of Hyperglycemia the school nurse will call the parents and inform them about the blood glucose level and take from them orders about how many Insulin units that should be given to the child, child will be given water to drink and observed with recheck of Blood sugar level every 15 min and calling the Ambulance.
- Daily readings for the Blood Sugar level and calories and insulin units will be recorded with date and time in each child's medical record.
- Supervisors and P.E. Teachers will be oriented by the school Doctor and school Nurse about Diabetic cases; signs and symptoms that they may complain about during the school day and when to send them immediately to the school clinic.
- Through the school trips supervisors and teachers are to be totally responsible for Diabetic children, children that can check for themselves Glucometer is to be handed to the supervisor or teacher allowing the children to check their Blood sugar level through the school trip.
- Supervisors and teachers are responsible to call ambulances for the Diabetic students in case of any emergency happening through school trips outside the school premises.
- Students that cannot check their own blood sugar level are only to be allowed to go to the school trips accompanied by their nannies as full responsibility for blood sugar level checking and Insulin administration will be done by nanny and supervisors are responsible to call ambulance in case of any emergency but students without nannies are not allowed to go to the school trips and stay at home.

HEAD LICE POLICY

Purpose

Head lice cause frustration for parents, teachers and children. This policy outlines roles, responsibilities and expectations to assist with treating head lice in a consistent coordinated manner.

Parents should not be offended as this is a common condition amongst children and can easily be treated

Policy Statement

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

It is the expectation of this school that:

- All school children hair will be checked once per term for head lice by the school nurse
- Further through the school year if a head lice case is reported in one class; school nurse will check the whole same class children
- When the reported case is checked and confirmed by the school nurse; supervisor will call and inform the parent
- Children will not attend school with untreated head lice
- Children will be sent home during the same school day if a live lice is detected and a notification for head lice will be sent to parents by the school nurse
- Children can complete the school day if only nits are detected and a notification for head lice will be sent to parents by the school nurse
- Children will be asked to take 2 days leave from school for treatment of head lice and to ensure complete cleaning of their hair by the parents.
- On their return to school, child should come directly to the school clinic as to be check before permitting the child to join the class
- Children still carrying head lice, they will be asked to return home for further treatment
- Parents will regularly inspect all household members and treat as necessary
- Parents will notify the school if their child is found to have live lice and inform the school nurse when treatment was started
- Children with long hair will attend school with hair tied back



Allergy Management Policy

Purpose

To set rules and to make sure children suffering from severe allergic reactions will be compiled and all staff will be made aware of case histories and appropriate treatment including trigger factors for each child.

Background

Children can get allergies from coming into contact with allergens, some of the most common allergens are:

- Pollens
- Molds
- Dust mites
- Animals Dander (flaking skin) and Saliva
- Chemicals used in industry
- Venom from insect stings
- Some foods and Medicines

Most common food allergens for children:

- Cow's milk
- Eggs
- Peanuts
- Fish and Shellfish
- Soy beans, Soy milk, Soy flour
- Sesame
- Wheat
- Some Berry fruits

The list of children and their allergies will be written in their School Health Record. A copy of each child's Anaphylaxis Action Plan will be kept in their School Health Record.

What is Anaphylaxis?

The most severe form of allergy involves two or more body systems simultaneously (Skin, Respiratory tract, Gastrointestinal, Cardiovascular) culminating in Heart Failure.

Food allergy, insect stings and medication can cause severe anaphylaxis. Peanuts, nuts, eggs, milk, soy, sesame and shellfish are the foods that commonly trigger anaphylaxis.

Even trace levels of these foods can cause anaphylactic reactions.

Policy Statement

- Parents of children who are known to suffer from serious allergic reactions are required to complete an **Anaphylaxis Action Plan** in consultation with their own physician and submit this report to the school clinic.
- The information required from the parents and their physician are:
 - ❖ Details of specific allergen the child needs to avoid
 - ❖ What symptoms to look out for
 - ❖ Treatment required, including dosages of medications
 - ❖ How the child reacts to the administration of the medication
 - ❖ Written permission by the parents for staff to administer the medication.
- Allergy management and the well-being of a child with allergy reactions is primarily the responsibility of the child's parent/guardian.
- School clinics must be informed of any significant changes in the child's allergy management with a new **Anaphylaxis Action Plan**.
- School Clinic medical staff will only administer medication which is prescribed by a medical practitioner and is normally being received by the child.
- Allergy medications will be handed to the School Nurse who will store it in a safe place, it must be labeled clearly with the child's name and the doses of medication required.

Response to Anaphylaxis Incidence

- **Early symptoms of Anaphylaxis:**
Itchiness of palms and soles, faintness, feeling of warmth, tingling, throat or chest discomfort, unusual taste in the mouth , breathing difficulty and often rash around the mouth.

- **Advanced symptoms of Anaphylaxis:**

Facial swelling and hives, breathing difficulty, choking, coughing, vomiting, stomach upset, dizziness, loss of consciousness, diarrhea, cramping and drop in blood pressure.

Action Plan during Anaphylaxis:

- Reassure the child and remove him/her to a quiet area under the direct supervision of the school clinic staff.
- Administration on Adrenalin injection intramuscular dose is according to the age.
- If the parents are keeping the school clinic (**EpiPen**) injection for administration intramuscular in case of emergency it will be used by the clinic's staff.
- Calling the Ambulance, informing the operator that Adrenaline injection or (**EpiPen**) injection intramuscular was administered, if necessary doses can be repeated several times at 5-15 minutes interval according to blood pressure, pulse and respiratory functions.
- Notifying parents/emergency contact.
- Inform Dubai Health Authority of the incident.

Safe Handling and Disposal of Sharps Policy

Management of Needle Stick Injury

Purpose

- To protect health care workers from the risk of occupationally acquired infections such as HBV, HIV and HCV by reducing the incidence of needlestick /sharp injuries.
- To promote safety culture by good practices and safe system of work regarding prevention of needlestick/sharp injury
- To assist in identifying and eliminating behaviors that put workers at risk for sharps injury

Policy Statement

Safe use and disposal of sharps:

- Sharps should not be passed directly from hand and handling should be kept to a minimum
- Used needles must not be bent or broken before disposal and must not be recapped

- In specific procedures that require reusing needles between multiple injections for the same patient, healthcare workers shall avoid using both hands to recap; use one handed technique or scoop technique.

Sharps containers:

- Must be located in a safe position that avoids spillage, is at a height that allows the safe disposal of sharps, is away from public access areas and is out of the reach of children.
- Must not be used for any other purpose than the disposal of sharps.
- Must not be filled above the fill line
- Must be disposed of when the fill line is reached (2/3)
- Should be disposed of every three months even if not full, by the licensed route in accordance with local policy

Use sharps safety devices if a risk assessment has indicated that they will provide safer systems of working for health care workers, careers and patients. Train and assess all users in the correct use and disposal of sharps and sharps safety devices.

MANAGEMENT OF NEEDLE STICK INJURY:

Definition

A needle stick injury, percutaneous injury, percutaneous exposure incident is the penetration of skin by a needle or other sharp object, which was in contact with blood ,tissue or body fluid before the exposure.

- Encourage the wound to bleed ,ideally by holding it under running water
- Wash the wound using running water and plenty of soap
- Don't scrub the wound while you are washing it
- Don't suck the wound
- Dry the wound and cover it with a waterproof plaster or dressing
- Seek urgent medical advice (A&E) department or employer's occupational health service.

Medical and Hazardous Waste Management Policy

Purpose

- To regulate handling and disposal of medical and hazardous wastes inside the school clinic as to reduce transfer of infection and maintain a clean environment.

- To monitor and fix the timing of medical and hazardous wastes transfer from the school clinic to the clinic's store room.
- To have correct guidance in cooperation with the contractor transport company of the medical and hazardous wastes from the clinic's storage room to its last destination.

Policy Statement

- A medical contract with **Averda Company** is made for school academic year 2022-2023 for disposal of medical and hazardous wastes including sharps containers of the school clinic
- The contract is made on a regular weekly plan for removal of the medical and hazardous wastes from the clinic storage room and sharps containers according to the filling level limit or every 3 months through the school year.
- **Averda Company** will provide the school clinic with yellow bags and big yellow containers and sharps containers according to the need.
- All school clinic medical and hazardous wastes are placed into a yellow bag which is placed inside a big yellow container foot operated labeled with a warning biohazard sign.
- Daily the school clinic's medical and hazardous waste yellow bag is appropriately tied and put inside another plastic bag for proper transfer to a bigger container foot operated labeled with a warning biohazard sign situated in the clinic's storage room, where the company personnel can collect.
- Sharps containers are labeled by school name, date of opening, expiry date and signed by the school nurse which are disposed of if they are filled up to 2/3 or every 3 months through the same company, they will be placed in the clinic's storage room until company personnel can collect them.
- Clinic's storage room is situated in the building of the girl's campus near the school clinic and the swimming pool. It is well ventilated, labeled with a warning biohazard sign, locked and opened only under the supervision of the school nurse.