

Health Policy



Al Mawakeb School

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Health Policy for AMG

1.0 Primary Values

Health, Safety, Happiness, Wellbeing, Development, Support.

2.0 Rationale

Al Mawakeb School Al Garhoud (AMG) is devoted to ensuring the health, safety and wellbeing of all its students. To achieve this purpose, the school shall implement a health policy to provide basic medical care and preventive measures such as immunization programs and health education. This policy complies with the requirements set by the Dubai Health Authority (DHA) in the “School Clinic Regulation” (2014)¹ and KHDA inspection standards².

3.0 Aims and Objectives

This policy aims to:

- 3.1** Provide provisions for a healthy school environment, which in turn will contribute to better learning.
- 3.2** Identify and eliminate health and safety hazards.
- 3.3** Assist in the control of infectious diseases through preventive immunization programs, early detection and reporting contagious diseases.
- 3.4** Plan and implement school emergency health management regulations as well as management regulations for students with chronic health problems, including the administration of medication.

4.0 Policy Statement

4.1 Service Description and Scope of Service

4.1.1 Facility and Personnel

- a. The school shall provide three well-equipped clinics, one for each of the following sections:
 - KG and Gr 1-4 classrooms
 - Gr 5-12 girls’ section
 - Gr 5-12 boys’ section
- b. Each clinic shall obtain a separate license from the DHA.
- c. The clinic shall be operated by three full-time DHA licensed and registered school nurses and supervised by one full-time DHA licensed doctor.
- d. Operating hours shall be from 7:20 am until 4:00 pm.
- e. All clinic staff shall have a valid certification of Basic Life Support (BLS).

¹ Dubai Health Authority- School Clinic Regulation, 2014

² UAE School Inspection Framework 2015-2016, p. 72-74

- f. It shall be preferable that the school doctor has a valid pediatric advanced life support (PALS) certification.
- g. The clinic shall have a designated waiting area, as well as consultation and treatment areas.
- h. The clinic shall be accessible to physically challenged students (students of determination).

4.1.2 Staffing Plan

- a. The school shall follow the following DHA criteria for staffing depending on the registered number of students in the school:

| Table1: Minimum Number of Licensed Physician(s) required in the school as per student population | |
|---|--|
| Number of Students | Number of School Health Physician |
| 1 to 500 | One (1) part time Physician |
| 500- 3000 | One (1) Full time Physician |
| 3000-10,000 | Two (2) full time Physicians |

- b. A Part-time Physician shall be available for a minimum of two (2) times a week for minimum two (2) hours per day and shall be available in-call to address emergencies.
- c. The full-time school Doctor or the Registered Nurse shall be the clinic in-charge and participate actively to ensure implementation of all mandated policies and protocols in collaboration with the school’s administrative authorities and school personnel. He/she shall assure that all procedures are carried out by or under the direction of qualified, skilled and experienced licensed healthcare professionals.

4.1.3 Clinical Privileging:

- a. Clinical Privileging is the process of giving a DHA licensed Healthcare Professional (HP) permission to carry out specific duties as per health facility scope of practice and licensure. This involves the review of credentials and qualifications, training, competence, practical independence and experience.
- b. The Human Capital Department shall conduct all necessary background checks to ensure that the licensed Doctor/Nurse meet all statutory requirements for conducting their job requirements.
- c. At Reappointment, the Human Capital Department shall review the Doctor’s/Nurse’s professional privileging within a three (3) year timeframe.

4.2 Equipment and Supplies

- a. The clinic shall be equipped with standard fixtures and furniture, standard equipment, standard supplies and standard solutions and medicines as per DHA guidelines.³
- b. All medication, medication containers and other solutions shall be carefully labeled and stored out of children's reach.
- c. Automated external defibrillators and first aid kits shall be available at the clinic and in different locations of the school premises to provide optimal care in case of emergencies. (Only certified clinic staff shall be authorized to provide first aid in case of emergency.)

4.2.1 Monitoring and maintenance of medical, electrical, and mechanical equipment

- a. The school shall establish a Proactive Preventive Maintenance agreement (PPM) with a specialized company to handle the monitoring and maintenance of medical, electrical, and mechanical equipment.

4.2.2 Reprocessing of Reusable Equipment

- a. Reusable medical devices are devices that Doctor/Nurse can reprocess and reuse on multiple patients.
- b. When used on patients, reusable devices become soiled and contaminated with microorganisms. To avoid any risk of infection by a contaminated device, reusable devices shall undergo "reprocessing," a detailed, multistep process to clean and then disinfect or sterilize them.
- c. All reusable medical devices can be grouped into one of three categories according to the degree of risk of infection associated with the use of the device:
 - Critical devices that come in contact with blood or normally sterile tissue.
 - Semi-critical devices that come in contact with mucus membranes.
 - Non-critical devices come in contact with unbroken skin. They are divided into:
 - ✓ patient care items (such as stethoscopes, blood pressure cuffs, crutches, etc.)
 - ✓ environmental surfaces. (such as bedpans and computers)
- d. The Doctor/Nurse will follow the labeling instructions for reprocessing completely and correctly after each use of the device.

³ Dubai Health Authority- School Clinic Regulation, 2014, p. 29-31

- e. Reprocessing encompasses appropriate steps that begin in close proximity to the point of use of the device and, in general, involves the following three steps in sequence:
- 1) Point-of-Use Processing: Reprocessing begins with processing at the point of use (i.e., close proximity to the point of use of the device), to facilitate subsequent cleaning steps. It includes prompt, initial cleaning steps and/or measures to prevent drying of soil and contaminants in and on the device.
 - 2) Thorough Cleaning: The device should be thoroughly cleaned after the point-of-use processing. Generally, thorough cleaning is done in a dedicated cleaning area. Devices that will likely not become contaminated with pathogens during use (e.g., room vital signs monitor) may not require disinfection, and therefore may be suitable for use after cleaning only.
 - 3) Disinfection or Sterilization: Depending on the intended use of the device, the device should be disinfected or sterilized, and routed back into use.
- f. Cleaning, disinfection, and sterilization are distinctly different processes.
- g. When used on patients, reusable devices become soiled and contaminated with microorganisms. To avoid any risk of infection by a contaminated device, reusable devices shall undergo "reprocessing," a detailed, multistep process to clean and then disinfect or sterilize them.
- h. Noncritical reusable items shall be decontaminated where they are used and do not need to be transported to a central processing area according to the following table:

| Sterilization Procedure | Disinfection | Reusable item |
|--|---|---|
| Heat sterilization, including steam or hot air (see manufacturer's recommendations, steam sterilization processing time from 3-30 minutes) | Ethyl or isopropyl alcohol (70-90%) or Hydrogen peroxide 7.5% (will corrode copper, zinc, and brass, hydrogen peroxide 1% | <ul style="list-style-type: none"> ✓ Smooth and Hard Surface ✓ Rubber tubing and catheters Polyethylene tubing and catheters ✓ Lensed instruments Hinged Instruments |
| | Ethyl or isopropyl alcohol (70-90%) | ✓ Thermometers |

4.3 Health Records

- a. The school shall abide by the DHA health record guidelines⁴. Health records shall include the following information:

⁴ Dubai Health Authority- Health Record Guidelines 2012

- Student’s recent health history including chronic conditions (such as asthma, allergies, diabetes, and epilepsy) and treatment plan.
 - Health examination and screening results (any pertinent progress notes, laboratory reports, imaging reports, etc.)
 - Immunization status and certification including the parents’ consent for immunization form filled out upon admission⁵.
 - Documentation of health care provider orders
 - Parental permission to administer medication
 - Individualized Health Care Plan (IHCP) and Emergency Health care Plan (EHCP) for students with chronic illnesses and students with special needs including allergies and drug reactions.
 - Discussions with student/patients concerning the necessity, appropriateness of treatment, as well as discussion of treatment alternatives
 - Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care.
 - Documentation of any consultations with school personnel, students, parents, or health care providers related to a student's health problem(s), recommendations made, and any known results
- b. The school shall maintain student health records for a period of five years after the student leaves the school or five years after the student turns eighteen.
 - c. All health records shall be kept safe and confidential.
 - d. Whenever a student transfers to another school at any Grade, a copy of the complete, cumulative school health record shall be transferred at the same time to the health personnel of the school to which the student is transferring or handed to the parent, as appropriate.
 - e. The school shall report school health statistics to the DHA by using the forms provided in Appendices 3, 4 and 5 of the DHA School Clinic Regulation⁶.

5.0 Roles and Responsibilities

5.1 Responsibilities of Staff

All staff are expected to:

- a. Abide by the school’s health policy.
- b. Support the health and well-being of all students.
- c. Assist students who require medical attention.
- d. Maintain confidentiality of student health records.

⁵ Dubai Health Authority- School Clinic Regulation 2014 Annexes

⁶ Dubai Health Authority- School Clinic Regulation 2014 Annexes

5.2 Responsibilities of the School Administration

The school shall abide by the roles and responsibilities of the school administration as defined in the School Clinic Regulation⁷. Accordingly, the school administration shall:

- a. Ensure the proper implementation of the policy.
- b. Ensure that the school clinic is managed in a manner that ensures high-quality health services while recognizing basic patient rights.
- c. Ensure the school clinic is clean and properly maintained and has adequate lighting and ventilation.
- d. Ensure the school clinic facilities and personnel meet DHA requirements.
- e. Take necessary measures to distribute new DHA circulars and announcements among school clinic staff.
- f. Cooperate with Health Regulation Department (HRD) inspectors and/or any duly authorized representative and provide requested documentation or files.
- g. Settle any violations related to non-compliance with the DHA regulations.
- h. Ensure that the malpractice insurance is maintained for all licensed healthcare professionals as per article 25 and 26 of the “UAE Federal Law number 10/2008 concerning Medical Liability”.
- i. Maintain school health policies as per DHA guidelines⁸.
- j. Ensure that students with certain diseases or conditions are excluded from school ([Appendix 1](#)).
- k. Ensure referral, as appropriate, of children assessed and found to have psychological or emotional disorders like anorexia, self-harm, addiction, abuse etc.
- l. Make necessary arrangements for replacement of health professionals to cover leave of absence of the school doctor or school nurse.
- m. Develop procedures for documenting and implementing a follow-up and referral plan for students identified as needing additional services.
- n. Submit the required statistical data of the facility to the Health Data and Information Analysis Department in DHA.
- o. Establish a procedure and communicate it to the parents or guardians regarding the transfer of students to the nearest care provider in cases of an emergency.

⁷ Dubai Health Authority- School Clinic Regulation 2014

⁸ Dubai Health Authority- School Clinic Regulation 2014 Annexes

- p. Obtain prior approval from the Health Regulation Department (HRD) for any health awareness or medical campaigns conducted by external providers.

5.3 Responsibilities of the Doctor

As defined in the school Clinic Regulation⁹, the school doctor shall:

- a. Participate actively to ensure implementation of all mandated policies and protocols.
- b. Be available on call at any given point during school operating hours in case of emergency.
- c. Review the school health policy and procedures on an annual basis
- d. Deliver health services in school environment (including screenings and vaccination programs).
- e. Conduct a comprehensive medical examination of students at school entry, KG1, Gr. 4, Gr. 7, Gr. 10, at school leaving and for new admission at any grade and document the findings in the school medical record.
- f. Respond timely to injuries or other conditions requiring immediate attention.
- g. Notify parents of any suspected deviation from normal or usual health found as a result of a screening test (e.g., vision screening), health examination, and/or school staff observation.
- h. List standing order of drugs/treatments, which can be administered to the student by the school nurse in the absence of the school doctor.
- i. Conduct and evaluate immunization sessions
- j. Deal with any emergency reaction including anaphylaxis that might occur due to immunization.
- k. Contact the School Health Unit at Dubai Health Authority to take necessary action.
- l. Advise parents to keep the student at home during the communicable period of any particular disease.
- m. Assess, plan and implement Individualized Health Care Plan (IHCP) and Emergency Health care Plan (EHCP) for children with chronic illnesses and children with special needs including allergies.
- n. Maintain effective relationships with parents, families and local community.
- o. Refer children assessed and found to have psychological or emotional disorders like anorexia, self-harm, addiction, abuse etc. as appropriate.

⁹ Dubai Health Authority- School Clinic Regulation 2014

- p. Participate in planning and conducting health education activities in the school.
- q. Act as a counselor in guiding the school administrators, teachers, and parents to discuss any health problem of a student, as required.
- r. Send reports as prescribed in the regulation to Health Regulation Department in a timely manner.
- s. Stay updated with knowledge, skills and practice related to school health.

5.4 Responsibilities of the Nurse

The school shall abide by the roles and responsibilities of the school nurse as defined in the School Clinic Regulation¹⁰. Accordingly, the nurse shall:

- a. Liaise with and support the school staff in implementing the school health activities.
- b. Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition in the school clinic.
- c. Assess needs of students (examine/ observe/ measure vital signs) who require first aid care and administer appropriate care.
- d. Refer to the school doctor for advice when needed.
- e. Inform parents, through the school authorities, about the student's condition.
- f. Transfer the student to the emergency of the nearest hospital as per the standard procedure in case required.
- g. Provide privacy to the student during medical examination.
- h. Monitor students who are frequently absent from school due to health related problems.
- i. Coordinate with the HoS and teachers to:
 - Observe and report a student with unhealthy practices.
 - Refer promptly student who are showing signs of visual, hearing and learning difficulties.
 - Refer a student with fever, rashes or unusual behavior.
 - Report the presence of potential hazards in the classroom.
 - Motivate students to enhance healthy practices.
 - Report sanitary and safe environment deficits to the school administration.
 - Measure the height and weight and calculate BMI for all students on an annual basis.
 - Refer students whose growth and development measurement show deviations from normal to the school doctor

¹⁰ Dubai Health Authority- School Clinic Regulation 2014

- Plan and conduct health education sessions for parents of students with chronic illness to assist them to understand their child's disease and needs.
- Conduct health education sessions to meet the learning needs of students (e.g. topics on: personal hygiene, proper nutrition, incident prevention etc.).
- Plan the immunization schedule of every student as per guidelines and conduct immunizations under the supervision of the school doctor.
- Stay updated with knowledge, skills and practice related to school health requirements.

6.0 Procedures

6.1 Health Services

6.1.1 Health Assessment and Screening

- In line with section 13.2.2.2 of the DHA School Clinic Regulation¹¹, the school shall run a comprehensive medical examinations of the following students:
 - All new students
 - All KG1 students
 - All Gr. 4 students
 - All Gr. 7 students
 - All Gr. 10 students
 - All students leaving the school
- The school shall give priority in assessment to high-risk cases and students with chronic conditions.
- The school doctor, with the help of the school nurse, shall carry out medical examinations.
- The school shall also conduct several screening campaigns during the school year (such as hearing and vision tests, dental checkups, height and weight readings, etc.)
- Findings from the above examinations and screenings shall be documented in the student's health record and a summary report shall be sent to parents.
- Prior to conducting any health examination or screening, parents shall be notified via email of any scheduled screening that involves their child.
- Any significant findings or health concerns shall be communicated to parents via phone and/or email and referral recommendations shall be sent accordingly.

¹¹ Dubai Health Authority- School Clinic Regulation 2014

6.2 Health Records

6.2.1 Managing Records

- A personal medical file shall be created for each student upon enrollment.
- The school doctor or the school nurse, when designated, shall be responsible for maintaining a complete medical record for each student and updating it in a timely manner.
- Parents shall be required to submit a medical report to the school detailing any changes in their child's health condition or in case a new medical condition arises. Changes shall be reflected in the student's medical record.
- If a student has a pre-existing medical condition such as allergies, convulsions, anaphylaxis and diabetic emergencies, an Emergency Plan shall be prepared by the school doctor to notify all members of staff who are in contact with the student and training shall be provided to the staff accordingly.

6.2.2 Managing Confidentiality

In accordance with sections 5.2.14 and 10.0 of the DHA School Clinic Regulation¹², student records shall be handled confidentially at all times. As such, the following steps shall be adopted by the school:

- All school staff shall be trained to maintain confidentiality of student information.
- School personnel, who are involved in maintaining school health records or confidential health information, shall be responsible for ensuring its full confidentiality.
- Records of all formats (paper/electronic) shall be stored in a secure location with appropriate access.
- If a student is transferring to another school, the student's health record shall be sent to the health personnel at the other school, or handed to parents, as appropriate.
- Any school personnel, including clinic staff, who release confidential health information from the school's health records, shall register each release in the school health records by indicating the following:
 - Date of release.
 - Description of the information released.
 - Name(s) of the person(s) to whom the information was released.
 - Reason for the release of information.

¹² Dubai Health Authority- School Clinic Regulation 2014

- All the above procedures apply to all medical data, whether it is stored in electronic or paper format.

6.2.3 Retention and Disposal

- The school shall maintain student medical records for a period of five years after the student leaves the school or five years after the student turns eighteen.
- After ensuring the completion of the required retention period, a record of destruction is created for tracking purposes.
- After the completion of the retention period, records that are approved for destruction shall be destroyed through shredding or by deleting the files permanently.

6.3 Immunization

- Upon registration, parents are required to provide the school with original vaccination records for their child along with a signed consent for immunization.
- Parents are required to provide an up-to-date copy of the child's vaccination records even if they do not wish to have their child vaccinated at the school.
- If a child receives new vaccinations during the academic year, parents are required to provide a copy of the updated vaccinations to the clinic staff directly.
- Immunization shall be scheduled twice per academic year. A circular shall be sent to notify 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.
- Immunization shall be conducted in the presence of the school doctor.
- The school shall abide by the procedures for conducting the immunization program as defined in appendix 8 of the School Clinic Regulation¹³.
- The school shall abide by the guidelines for vaccine preparation, handling, administration and disposal set by the DHA¹⁴ to prevent risk of injuries, spreading disease and adverse vaccination reactions.
- In the case of a needle stick injury occurring, the school doctor shall:
 - Encourage the wound to bleed by gently squeezing the area.
 - Wash the area with running water and soap.
 - Dry area and apply waterproof bandage.
 - Report the incident to the Principal.

¹³ Dubai Health Authority- School Clinic Regulation 2014 Annexes

¹⁴ Dubai Health Authority- Immunization Guidelines

- In case of an allergic reaction, the school doctor shall report the case to School Health Unit at Dubai Health Authority to take necessary action
- The school shall maintain vaccination records for all students and all members of the clinic staff.

6.3.1 Managing HASANA System

- All student information shall be entered in the HASANA system by the school Doctor/school Nurse.
- Such information includes:
 - Full name
 - Emirates ID
 - Age
 - Gender
 - Mother's name
 - Parents' mobile numbers and emails
 - Previous school name
 - Emirate
 - Updated vaccines records
 - Due vaccines.

6.4 Notifying Parents

- Parents shall be contacted by clinic staff via telephone and/or email in case of any suspected deviation from normal or usual health standards because of a screening test (e.g. vision screening), health examination and/or staff observation.
- Parents shall also be contacted if additional information about the child is required or in the case of emergency.
- A child who is ill shall not be sent home on a school bus. Parents shall be contacted immediately to collect their child from the school.
- Parents may contact the clinic staff by telephone or by email in case of emergency. Parents may also schedule an appointment to meet the school doctor in school to discuss a medical issue
- Follow up and referrals shall be reported to parents using the DHA referral form for private schools in Dubai¹⁵.

6.5 Minor Injuries, First Aid and Emergencies

- In case of minor injuries, first aid shall be provided by the certified clinic staff or a school employee who was trained in that field.

¹⁵ Dubai Health Authority- Referral from Private Schools in Dubai for Medical Causes

- Automated external defibrillators and first aid kits shall be available at the clinic and at different locations of the school premises as needed to provide optimal care in case of emergency.
- Injuries of any form shall be recorded by the clinic staff in the student's health record.
- All incidents shall be reported immediately to the Principal who will take necessary action, if needed.
- In case of serious injuries (head, dental or other injury, seizure or illness) which require further treatment at a hospital, the following procedures shall be followed (Refer to [Appendix 2](#)):
 - If the injured student stops breathing, clinic staff or a trained staff member shall be summoned to perform emergency procedures such as CPR.
 - While the staff member remains with the injured student, another person is sent immediately to report to the doctor or school Principal.
 - The removal of the injured student from school shall only be allowed under the direction of the doctor.
 - If the injured student cannot be moved, an ambulance shall be called to ensure the timely and safe transfer of the injured student to a pre-specified healthcare facility within a reasonable proximity.
 - Displaced teeth or appendages shall be given to the emergency staff once they arrive.
 - The parents shall be notified immediately to obtain their consent for necessary treatment for their child.
- Major incidents and relevant incidents shall be reported immediately to the DHA.
- All incidents must be reported in the Student Incident Report Form supplied for this purpose.

6.6 Referral

6.6.1 Guidelines

The school shall abide by the DHA referral for medical causes policy.¹⁶ The school shall ensure that all students and parents are aware of the health facilities provided by the school as well as available sources of healthcare outside the school and ways to access them through the school website and the parent's guide.

6.6.2 Procedures

The processes/procedures of referring a student with a suspected health problem are as follows:

¹⁶ Dubai Health Authority- Referral from Private Schools in Dubai for Medical Causes 2015

- Any member of the school staff (teacher, nurse, doctor) can identify a student with a need for referral.
- The school doctor examines the student and establishes whether a referral is necessary (if the student’s problem cannot be handled at the school).
- The doctor contacts the parents to discuss reasons for referral and potential options for treatment.
- The doctor assists the parents in deciding on the optimal course of action after identifying and analyzing the potential referral options.
- After a decision is made, the doctor fills in the DHA referral form that the parents will present to the referred healthcare provider, along with a summary of what has been decided.
- The doctor follows up with parents to determine status and whether referral decisions were appropriate and requests the DHA “back referral form” from the parents.
- If follow up indicates that the student was neglected, hasn't followed-through and there remains a need, the referral intervention can be repeated, with particular attention to barriers and strategies for overcoming them.
- The school nurse prepares a referral register to monitor follow up and gather statistics.

6.7 Medication Management

The school shall abide by the DHA standard school medication policy¹⁷ in ensuring the following:

6.7.1 Availability and Storage

- Medications available in school shall be limited to those required during school hours, prescription medication and those needed in case of an emergency.
- All medications shall be stored securely in a cool dry place and in an appropriately temperature-controlled area during holidays.
- The School Doctor/Nurse shall be responsible for ensuring the suitable storage and disposal/ return of expired medication and other medication related matters.

6.7.2 Prescription Medication

- For students who need to receive regular doses of a prescribed medication (i.e., Insulin, Asthma inhalers, Nebulizers, Eye drops), a consent form shall be filled by parents, which specifies name of the prescribed medication, required doses and timings needs to

¹⁷ Dubai Health Authority- Medication at Private Schools in Dubai 2015

be completed. The consent form must be accompanied by a doctor's prescription and updated accordingly in case of any changes.

- Emergency medications such as Epi-pen, Glucagon, Nebulizer solutions, Asthma inhalers, and Diazepam must be stored in the school clinic. The medication should be carefully labeled with the student's name, route of administration and required dose.
- Prescription medications shall be accompanied by a written order from a licensed physician. The order shall be maintained in the student's medical record.
- Parents requesting that medication be given to their child during school hours shall submit written consent in addition to the physician's prescription. The request must include:
 - diagnosis requiring medication
 - directions for administration and appropriate storage (e.g. whether the medication requires refrigerating)
 - dosage and time to be administered
 - the licensed prescriber's name, phone and emergency number(s), signature and date
 - the parent's or guardian's name, signature and phone number in case of emergency.

6.7.3 Administration of Medication

- Students shall not be allowed to take their first dose of a new medication at school as there is a risk of an allergic reaction. This should be done under the supervision of the family doctor or a health practitioner.
- The school doctor shall ensure that students receive the correct medication in the proper dose via the correct method at the correct time of day.
- In the absence of the school doctor, a standing order of medications shall be filled and signed to authorize the school nurse to administer them.
- All medications must be in the manufacturer's original bottle and/or box, with the ingredients listed, and must be properly sealed with the doctor's prescription, the name of the student, name of medication and the expiry date.
- Medications that need to be refrigerated at all times must be transported with an ice pack.
- All medications shall be returned once the course of the prescribed treatment is completed.

- For self-administered medications, a written statement is requested to be signed by the student's physician and parent or guardian verifying the necessity and student's ability to self-administer the medication appropriately.

6.8 Diabetes Care Management and Glucagon Administration

6.8.1 Training of School Personnel

- The school shall provide training for all school personnel on diabetes management.
- The training shall be broken down into different levels depending on the responsibility of each staff member towards the student with diabetes.
- The training shall be administered by the school doctor or nurse.
- Training shall take place at the beginning of each school year.

6.8.2 Diabetes Management Plan

- An Individualized Health Care Plan (diabetes management plan) shall be provided by parents of the student with diabetes. The plan should:
 - Be signed by the parent and the licensed physician.
 - Outline the parental responsibility of carbohydrate counting and coordinating the insulin adjustments with student's health care team.
 - Detail the health care services needed by the student at school
 - Evaluate the student's ability to self-manage, his/her level of understanding of his/her diabetes, and the nurse's role in overseeing the student's self-care.
- The plan shall include:
 - Symptoms of hypoglycemia and hyperglycemia for that student and recommended treatment.
 - Frequency of glucose testing.
 - Insulin and glucagon orders. The IHCP must include: Times of meals/snacks and exercise.
 - Guidance for participation in sports and exercise.
 - Accommodations for activities including trips and parties.
 - Medical issues that might impact learning.
 - Communication protocols (parents, healthcare providers, school nurse).
 - Education required for direct-contact personnel.

6.8.3 Emergency Supply Kit

- Parents should provide the school clinic with an emergency supply kit for use in the event of an emergency. The kit should contain enough supplies for at least 72 hours to fulfill the requirements of the diabetes management plan.

- Parents shall also be responsible for restocking any used items. The kit should include:
 - Blood glucose meter, testing strips, lancets, and batteries for the meter
 - Urine and/or blood ketone test strips and meter
 - Insulin, syringes, and/or insulin pens and supplies
 - Insulin pump and supplies, including syringes, pens, and insulin in case of pump failure (depending if the student uses a pump)
 - Other medications
 - Antiseptic wipes or wet wipes
 - Quick-acting source of glucose
 - Carbohydrate-containing snacks with protein
 - Hypoglycemia treatment supplies (enough for three episodes): quick-acting glucose and carbohydrate snacks with protein
 - Glucagon emergency kit

6.8.4 Student Self-Management

- Students shall have the right to self-manage only if a written certification of capacity is provided by the student's physician or parents and addressed in the student's IHCP.
- If the student is permitted to self-manage, he/she is allowed to:
 - Bring necessary equipment and materials such as syringes to school.
 - Check blood glucose levels as needed inside and outside the classroom and administer insulin, as needed.

6.9 Allergy Management

6.9.1 Guidelines

- Parents should notify the school of any known allergies (food, medication or environmental) before the beginning of the school year or upon diagnosis.
- Information on the student's allergies and treatment shall be kept in the student's medical record.
- The school shall create Individual Health Care Plans (IHCPs) for students whose health conditions may cause them to experience emergencies.
- Parents of children with illnesses such as anaphylaxis should supply the school with necessary emergency medications such as Epi-pen. The medication shall be carefully labeled with the student's name, route of administration and required dose.

- Students are allowed to carry and self-administer Epi-pen provided the parent consent form is filled and signed by the student's physician and the parent.

6.9.2 Food Allergies

Parent Responsibility

- Notify the school of the child's allergies before the beginning of the school year or upon diagnosis.
- Assist the school doctor or nurse in developing an IHCP that accommodates for the child's food allergy.
- Provide the school clinic with written medical documentation and medications as directed by a physician.

School Responsibility

- Train all staff to recognize and report symptoms of food allergies to the school clinic.
- Eliminate the use of food allergens in the allergic student's educational tools, arts and crafts projects.
- Ensure that all allergy medications are appropriately stored, and emergency kits that contain allergic medication are available as per DHA guidelines.
- Coordinate with the transportation supervisor to assure that all bus drivers receive necessary training on symptom awareness and how to react in case an allergic reaction occurs.
- Ensure that all buses have communication devices in case of an emergency.
- Involve food-allergic students in school activities.
- Hold information sessions for parents and students on:
 - Safe and unsafe foods
 - Symptoms of allergic reactions
 - How and when to tell an adult they may be having an allergy-related problem
 - How to read food labels

Student Responsibility

- Refrain from eating anything with unknown ingredients or known to contain any allergen.
- Notify a member of the school staff immediately if they eat a food, which contains an allergen.

6.9.3 Drug Allergies

- Parents should inform the school if their child has a pre-existing allergy to any medication.

- The school clinic staff shall include details of the condition and treatment in the student's IHCP.
- The school shall not administer the first dose of any new medication to students, to avoid the risk of an allergic reaction.
- School staff shall be trained to recognize symptoms of allergic reactions to medication and shall report any suspected case to the school clinic immediately.
- Students are alerted to report symptoms of skin rash, swelling, dizziness, anxiety, confusion, rapid pulse, nausea, diarrhea, and other symptoms to the school clinic.
- If a student develops an allergic reaction to medication, he/she shall be examined by the school doctor and shall be asked to rest at home for the duration of illness or if necessary admitted to the hospital.

6.9.4 Environmental Allergies

- Parents should inform the school if their child has a pre-existing environmental allergy.
- Parents should supply the school with necessary medications.
- The school clinic staff shall include details of the condition and treatment in the student's IHCP.
- School staff shall be trained to recognize symptoms of allergic reactions and shall report any suspected case to the school clinic immediately.
- Students are also alerted to report any allergic reaction they may experience to the school clinic.
- The school shall encourage students to participate in sports and outdoor activities and shall inform the responsible supervisor of any medication the allergic student may need.

6.10 Infection Prevention and Control

The School shall abide by the DHA's infectious disease out-break policy¹⁸ and accordingly shall:

- Report any suspected clinically communicable disease to the preventative services center at DHA.
- Maintain communication with local and national authorities until the outbreak is sorted out by the preventative services section.
- Refrain from communicating any incident to parents or the public unless advised by the DHA.
- Facilitate the entry of the outbreak management team to the school premises.
- Refer the diagnosed cases to a healthcare facility.

¹⁸ Dubai Health Authority- Infectious Disease Out Break at Private Schools in Dubai 2015

- Follow up with the outbreak management team and provide full cooperation and coordination with DHA concerned staff.
- Provide infection prevention and control training sessions to all clinic staff.
- Assign a member of the clinic staff as the Infection Control Coordinator.
- The role of the Infection Control Coordinator is to:
 - Maintain an Infection Control Audit Checklist
 - Liaise with health authorities in the cases of out-break.
 - Collect full addresses and data of all identified contacts through special forms provided by the preventative center.
 - Send an E-notification of the diagnosed or suspected case through the DHA's E-notification system.
 - Follow up with the outbreak management team and provide all necessary information while coordinating with the Principal.

6.11 Contagious Illness

- The school shall abide by the guidelines of the DHA School Clinic Regulation for conditions, which require exclusion from the school¹⁹. (Refer to [Appendix 1](#))
- If a student develops vomiting and/or diarrhea, he/she shall be examined by the school doctor and shall be asked to rest at home for the duration of illness or if necessary admitted to the hospital.
- Upon returning to school, a certificate from the attending physician must be provided detailing the course and duration of treatment and any medical orders.

6.12 Head Lice

6.12.1 Guidelines

- Routine classroom screenings for head lice shall be done under certain circumstances. The school shall emphasize checking students only when there is enough reason to suspect that there is a condition of head lice.
- The school will provide information about the management of head lice to the parents through individualized communication.
- The role of the parents is to regularly check their child's hair for head lice and inform the school if their child has head lice in order to start treatment.
- The school shall conduct proper training for the personnel involved in the detection of head lice infestation.

¹⁹ Dubai Health Authority- School Clinic Regulation 2014 Annexes

6.12.2 Individual Case Management

- A child with an active head lice infestation shall remain in class till the end of the school day but will be discouraged from close direct head contact with others.
- The parent shall be notified by telephone or through a personal notification letter of the student's condition and the proper treatment to be followed to ensure the best interest of the child and his/her classmates.
- The school shall emphasize maintaining confidentiality when a child is diagnosed with head lice.

6.12.3 Return to School Protocol

As per the DHA School Clinic Regulation ([Appendix 1](#)), students diagnosed with live head lice shall be excluded from classes until appropriate treatment has commenced.

6.13 Laundry Services

- Routine laundry services shall be done for the clinic items that require cleaning for reuse.
- Items that shall be sent for laundry services include:
 - bed sheets
 - pillow cases
 - blankets
 - towels
 - white coats
 - removable curtains
 - Reusable Microfiber Cloths
- Items shall be sent to the laundry every Thursday of the week if these items have been used during the week.

The school shall identify a close by laundry and agree on the laundry service arrangement after checking if the laundry meets the acceptable quality and standard of service.

7.0 Staff Orientation, Student Health Education and Training Program

7.1 Guidelines

- The school shall ensure that all the clinic staff are appropriately supervised and adequately trained.
- The school shall maintain an individual file for each member of the clinic staff which includes:
 - A copy of the valid DHA license to practice which he/she currently holds.
 - Certificates of any continuing education requirements or training.

- A copy of performance evaluations produced by the school.

7.2 Staff Orientation

- The school shall arrange for orientation training for every new member of the clinic staff upon commencing employment.
- Orientation shall be appropriate for the role to be performed by the member of staff, and must include:
 - Basic orientation on the general policies and procedures of the school
 - Training on the policies and procedures of the school clinic
 - Training on quality management, patient safety and infection control systems that are established by the school
 - Training on DHA regulations, policies and standards that are relevant to his/her role.

7.3 Student Health Education

The school Doctor/Nurse shall provide health education sessions to students that promote knowledge, attitude and skills for making healthy decisions, to achieve health literacy, to adopt health-enhancing behavior and help promote the health of others.

7.4 Continuing Professional Education

The school shall allow all members of the school clinic to take paid time off-duty for the purpose of obtaining their required continuing professional education.

7.5 Training

- The school shall provide members of the clinic staff with training on handling special medical conditions such as allergies, convulsions, anaphylaxis and diabetic emergencies.
- The school shall provide all members of the clinic staff with training in basic life support (BLS). A refresher course in basic life support shall be arranged at least once every two years.
- The school shall recommend that the school doctor receives training in pediatric advanced life support (PALS).

8.0 Policy Review

The Principal, the school leadership team and the clinic staff shall conduct an annual review of the school's health policy and share suggestions for improvement with the Governing Body.

9.0 Other Relevant Policies

This policy has to be read in conjunction with the Student Safety Policy.

Addendum: Other Related Policies:

A) Student Anti Bullying Policy

In response to the ongoing COVID-19/Coronavirus pandemic, the school has updated the code of conduct to include lists of behaviors that we expect students to follow to help keep everyone in our community (children, staff and families back home) safe and happy.

All students attending on campus are obliged to abide by the precautionary measures listed in Appendix A under Health & Safety:

Expectations for behavior from students:

Students will be reminded about expectations for behavior throughout the school day, especially first thing in the morning, before break and at the end of the school day.

- Students should remember:
 - To maintain their 2-meter physical distance at all times
 - Not to deliberately touch anything that's not theirs
 - Not to deliberately touch anyone
 - Not to spit, sneeze, or cough at or near anyone
- Whenever possible, to use a tissue to sneeze into. Making sure all used tissues are disposed of safely. If this is not possible then they must cough or sneeze into their elbow or sleeve.
- If possible, to try and not touch their eyes, nose and mouth throughout the day.
- Only use their own individual equipment.
- Only eat their own snack and lunch.
- Stay within their own designated area of the school–classroom, playground / field at timetabled times only with infrequent visits to the toilet unless necessary.
- Whenever possible, toilets to be used when there is an adult present outside due to health and safety.

Behavior in the outside spaces for exercise and breaks

All students will be expected to follow the guidance from staff about social distancing when they are outside - staff will remind students why this is important.

Behavior in classrooms

Students will be expected to:

- Keep to the 2 meter away from others in their designated classroom and follow guidance about where to sit in classrooms
- Remain with their designated class/group (which may be new to them) and avoid larger groups of students in the common areas in the school.

Social Bullying:

- Staff at AMG must recognize that any negative comments to any individual linked to their race, ethnicity or cultural belonging that is linked to the COVID-19 pandemic will be considered as a case of bullying and shall continue to be treated very seriously.
- Staff must report any racist incidents, as per the behavior policy, on the Behavior Incident Form and categorize it as social bullying. A member of SLT will then follow the Behavior Policy's steps to deal with the incident.

Verbal Bullying:

- Verbal assaults, mockery, derogatory language or inappropriate banter on staff, other student or visitors must be reported using the Behavior Incident Form and categorized as cases of verbal bullying.

Physical Bullying:

- The school will not, and cannot tolerate behaviors that may place members of our community at risk of contracting Coronavirus. Any incident that involves coughing or spitting at or towards any other person, or even threatening to carry out this act, is not acceptable and any student doing this or behaving in a way that risks another person's health will be sent home until they can behave safely; any further instances will result in formal exclusion. Such incidents shall be reported using the Behavior Incident Form and categorized as physical bullying.
- Furthermore, any other extreme behaviors (such as hitting, kicking, punching, taking other students' belongings, etc.), which places students or staff at risk shall also be considered as an act of physical bullying that breaks the rule of physical distancing and shall be treated as above.

Online bullying:

- Any act of shaming, provocation, or slurring using any technology media and through any social media application shall be reported using the Behavior Incident Form and categorized as cyber-bullying.
- Individual risk assessments will be carried out for any child we deem necessary in order to safeguard them and others.

Code of Conduct:

| | Respect for <i>Self</i> | Respect for <i>Others</i> | Respect for <i>Learning</i> | Respect for <i>Environment</i> |
|----------------------------|--|---|---|---|
| Health & Safety | <ul style="list-style-type: none"> ➤ Wear mask properly ➤ Do not share personal items (stationary, food, water bottles, notebooks, phone etc.) | <ul style="list-style-type: none"> ➤ Maintain social distancing during entry and exit of school ➤ Maintain Social Distancing in class with peers and teachers | <ul style="list-style-type: none"> ➤ Remain in the designated seating area ➤ Refrain from moving around in class at any time. | <ul style="list-style-type: none"> ➤ Dispose of masks and gloves in the designated waste bin |

Health and Safety Violations & Consequences

- **1st infraction** Verbal Warning
- **2nd infraction** Written warning to parent by email and/ or video call meeting
- **3rd infraction** Suspension from blended learning, student will be required to take distance learning from home

Conduct points

- **1st infraction:** 2 pts
- **2nd infraction:** 2 pts
- **3rd infraction:** 5 pts

Procedure

- **1st infraction:** Verbal Warning
 - A verbal warning is given to a student who has been reported 2 times by teachers or HoS about not abiding by health and safety protocol.
 - HoS gives a direct warning to the student mentioning that it's a verbal warning and logging the conduct points.
- **2nd infraction:** Written warning
 - A written warning is given to a student who has received 2 verbal warnings.
 - The written warning is sent to parents by email. The parents have to sign the warning letter and email it back to the HoS.
 - HoS logs the conduct points on the system.
- **3rd infraction** Suspension
 - A suspension is given to a student who has received a written warning and is still disrespecting any of the codes of the health and safety protocol.
 - a. **1st Suspension:** 1 week of Distance Learning
 - b. **2nd Suspension:** 1 month of Distance Learning

B) Business Continuity Management Policy

This policy sets out the arrangements for Al Mawakeb School to ensure that critical services are maintained and restored following a disruptive event, as in the case of Covid-19.

1.0 Policy statement

- 1.1** The school provides regular education services for students from K to Grade 12. The operational, financial, and social consequences of a major disruption to essential services would be unacceptable.
- 1.2** This policy and its supporting documents aim to ensure that the School has arrangements in place to prevent, prepare for, respond to and recover from a disruptive event so that critical operational functions and educational services are maintained at an acceptable level.
- 1.3** The SLT are required to assess and manage the risks of disruption to critical operational functions and educational services for which they are accountable.
- 1.4** The SLT and other school leaders are required to develop, maintain and test business continuity plans (BCPs) at least on an annual basis to ensure that essential services are maintained at an acceptable level during a major disruptive event. This includes review of their business impact analysis to ensure all relevant critical operational functions and educational services are captured in their BCP.
- 1.5** Members of the leadership team who are responsible for the delivery of one or more critical operational functions are referred to as the business continuity owner of their BCP.
- 1.6** In the event of the disruption affecting a number of critical operational functions in the school and affecting the operations of the school as a whole, the Principal will mobilize the Business Continuity Response Team (BCRT) to activate the school-wide Business Continuity Activation Plan (BCAP).
- 1.7** The BCRT will be led by the Principal and Vice Principal and shall include the Heads of Sections as well as Subject Coordinators and the Facilities Manager and the Health and Safety Committee.
- 1.8** When a BCP is activated, the SLT shall ensure that the required staff, information, facilities, assets and other infrastructure are available to

ensure business continuity and recovery. Staff must re-prioritize their efforts to the delivery of essential educational functions and services and the recovery of normal business operations. The Principal shall also advise the Governing Body (AMSI) when their BCP is activated.

- 1.9** In the event that the situation endangers or threatens to endanger life, property or the environment, the Crisis Management Policy shall always take priority over business continuity arrangements. BCPs are only activated once the health and safety of staff, students, and visitors have been assured.

2.0 Scope of applicability

- 2.1** This policy applies to all departments in the school.

3.0 Context

- 3.1** The Business Continuity Management Policy is an essential element of the school's broader Governance Risk Management framework.
- 3.2** The Director of Operations shall oversee the implementation of this policy.
- 3.3** Staff also have responsibilities for identifying and managing risk under the school's Health and Safety Policies and the Crisis Management Policy.

4.0 Roles and Responsibilities:

4.1 Governing Body:

- Approve any substantial amendments to the existing Business Continuity Management.
- Ensure that resources are available for the proper implementation and management of the BCP.
- Monitor the activated BCPs and advise the Principal if the disruption affects a number of essential business functions within multiple departments
- Support the SLT in their role as business continuity coordinators for the school-wide BCAP.

4.2 Senior Leadership Team:

- Develop and maintains the school's Business Continuity Activation Plan (BCAP).
- Approve amendments to the existing BCP and guidelines
- Ensure a substitute is available for essential staff in case of their absence (e.g. School Doctor/School Nurse).

4.3 Heads of Sections

- Demonstrate leadership and commitment to business continuity management by:
 - communicating the value and importance of effective business continuity management
 - ensuring that business continuity management and continual improvement are integrated into risk management and business processes
 - ensuring that the resources needed for business continuity management are available
 - ensuring that BCPs are developed and maintained
 - approving BCPs for their division.

4.4 Staff

- Ensure they are aware of their roles and responsibilities for business continuity management and participate in any training required
- When a BCP is activated, staff must re-prioritize their efforts to the delivery of critical school functions and services and recovery of normal business operations.

4.5 Business Continuity Response Team (BCRT)

- The BCRT, led by the incident controller, prioritizes and coordinates the department's business continuity response and recovery efforts where the disruptive event impacts a number of critical business functions across multiple divisions
- Approves the department-wide BCAP and authorizes the activation and de-activation of the department-wide BCAP.

5.0 Monitoring and review

- 5.1** The Principal and Governing Body are responsible for monitoring the implementation of this policy and reviewing it (at least) every three years.

C) Safety-Related Policies:

1.1 Hazardous and Non-Hazardous Waste

1.1.1 Classification

There will be hazardous and non-hazardous waste produced as a result of school operations. This waste can be classified according to the following categories:

- Bio-hazardous/medical waste (e.g. human and animal tissues, body fluids, swabs, syringes, etc.)
- Chemical waste (waste from chemical experiments and projects)
- Universal waste (mercury-containing devices, computer monitors, batteries, fluorescent lamps, aerosol cans, etc.)
- General waste (e.g. waste from construction, horticulture activities, broken glass, office waste, retired furniture, etc.)

1.1.2 Storage and Transportation

- All bio-hazardous and chemical waste shall be stored in tight sealed, leak-proof containers in areas that are inaccessible to students.
- Containers shall be properly labeled and color coded:
 - ✓ Yellow colored polyethylene bags clearly marked BIOHAZARDOUS MEDICAL WASTE.
 - ✓ The bags are not to be filled to the capacity, and should be stored in designated steel bins in clinics.
 - ✓ Waste is collected from all clinics in the main bigger waste bin with side vents on regular basis.
 - ✓ SHARP YELLOW BOXES, internationally known as sharp object boxes are tightly sealed and must not be stored more than two thirds of capacity (to be disposed when two thirds are filled)
- School clinic staff shall follow all the rules and regulation set by Dubai Municipality (DM) and Dubai Health Authority (DHA) regarding the handling of bio-hazardous waste.
- Clinic staff shall inform the Facility Manager when hazardous waste needs to be collected so that proper action can be taken.
- The Facility Manager shall arrange for the transportation of such waste by a DHA and DM certified company through a service agreement.
- Transportation of bio-hazardous and chemical waste shall be through a fixed schedule or on call in case of an emergency.
- General and universal waste may be stored in designated areas awaiting collection by the municipality or an outsourced service provider.

1.2 Safe Use of Chemicals Used for Infection Control

1.2.1 Selection of Products:

Several application options are available for disinfecting surfaces or objects. The school shall select the products based on criteria that reduce exposure to the staff and building occupants and in line with DM regulations; other criteria have to do with maintaining the efficacy of the disinfectant. The criteria include:

- Effectiveness at Capturing and Removing Microbes
- Efficacy (a measure of how well products killed or removed microbes)
- Ability to Maintain Adequate Contact/Dwell Time to Kill Microbes
- Preventing Cross-Contamination
- Lifespan, Waste, and Disposal
- Cost

1.2.2 Selecting and Installing Product-Dispensing Systems

1) Features of product-dispenser models:

There are numerous options, including flow options, supporting hardware, dilution ratios for specific concentrates, backflow options, installation options, the number of products and containers that can be filled by a system, and so forth.

- ✓ A dispensing system could be gravity-fed, pneumatic, or electronically monitored (or similar).
- ✓ Many vendors will supply a dispensing system at no cost when a specified amount of product is purchased from them.

2) Recommendations for selecting product-dispensing systems

- ✓ The school shall use only manufacturer-authorized products with the manufacturer's specific dispensing system.
- ✓ The school shall consider the system's security. Some have a lock and key mechanism or a tamper-resistant feature built into the system. If the dispensing system is not designed with this feature, a dispensing system enclosure shall be an alternative.
- ✓ A dispensing system shall have a backflow prevention feature to prevent cross-contamination of the potable water system.

3) Installation criteria for product-dispensing systems

- ✓ The installation and maintenance of the product-dispensing system shall be conducted by the manufacturer in accordance with manufacturer's instructions and requirements.
- ✓ The product-dispensing system shall be physically and visually accessible from the front for operation and for normal maintenance with tools, test equipment, and replacement parts.
- ✓ The product-dispensing system shall be installed in an area that has adequate storage facilities for the product

concentrates, available potable water source connections, and adequate ventilation.

- ✓ A data nameplate or decal shall be installed to provide the manufacturer's name, model, serial number, and any other information needed to identify the unit.

1.2.3 Safe Use Practices

1) Protocol for Safe Use of Bleach

i) Purchasing Bleach Products and Supplies

- 1) Obtain bleach that is a 5.25% or 6.00% concentration of sodium hypochlorite, fragrance-free, and registered by the EPA for use as a disinfectant and or sanitizer.
- 2) Select a container/dispenser. A common spray-bottle size for staff use is a quart (32 oz., 946 mL). Product dispensers that provide portion control and eliminate mixing are also available.

ii) Preparing a Fresh Bleach Dilution Daily

Solutions lose their strength after 24 hours. Anytime the odor of bleach is not present, discard the solution.

- 1) Put on PPE, including safety glasses and rubber, nitrile, or other non-latex gloves as required on the label for pouring and mixing bleach.
- 2) Determine the dilution rate. Proper dilution is extremely important to ensure adequate disinfection and to reduce health hazards. Identify the product's concentration rate (5.25% or 6.00%) to determine the proper dilution rate. Always check the product label for dilution rates and contact time for each specific product.
- 3) Prepare the container.
 - ✓ For a 1:10 solution, select a container that can hold a total of 10 measures.
 - ✓ Mark the container where the measurements for "9 of the 10 parts" and "1 of the 10 parts" are located (see Figures 1 and 2).

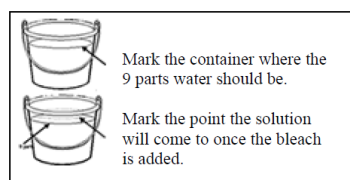


Figure 1. Containers marked for identifying portions

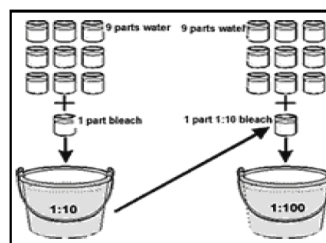


Figure 2. Sequence to prepare a solution

- 4) Prepare the solution. Avoid contact with eyes, skin, and clothing.
 - ✓ Fill the marked container with cool water up to the watermark.

- ✓ Pour the bleach into the container up to the top mark.
 - ✓ Add the bleach to the water (not the water to the bleach) to reduce the release of vapors.
- 5) Label the dispenser bottle. The label template should be revised with each preparation date:

| |
|---|
| <p>Name of Product: Bleach (sodium hypochlorite)</p> <p>Health Hazards, Including Target Organs: Concentrate may cause severe irritation or damage to eyes and skin. Vapor or mist may irritate respiratory system. Harmful if swallowed.</p> <p>Physical Hazards: Corrosive</p> <p>Date Prepared:</p> <p>Concentration:</p> |
|---|

iii) Cleaning Up

- 1) Wash measuring device (if used).
- 2) Remove and dispose of gloves.
- 3) Wash hands after any direct contact with bleach.

iv) Using the Prepared Bleach Solution

- 1) Protect yourself and building occupants.
 - ✓ Use when children are not present.
 - ✓ Wear PPE.
 - ✓ Ventilate the room well (using a fan to the outside if possible) while applying bleach.
- 2) Disinfect surface or item.
 - ✓ Clean the surface or item first with detergent and rinse.
 - ✓ Apply the bleach dilution after cleaning the surface.
 - ✓ Allow for a dwell/contact time as specified above, or air dry. If the surface will be touched by skin, rinse after contact time is up.
 - ✓ Allow the surfaces to completely dry before allowing children back into the area.

Note: *Never mix bleach with any product, especially ammonia or products containing ammonia because it creates toxic gas*

v) Storing Bleach and Bleach Solution

- 1) Store the diluted product and the concentrated product in a secure area inaccessible to children, where they will not spill, and below eye level to prevent them from spilling into the eye when being moved.
- 2) Store away from incompatible products, including flammable products (such as solvent-based cleaning and degreasing products) and corrosives (which include *acids* such as an acid toilet bowl cleaner and *bases* such as ammonia-based or quaternary compound-based products).

vi) Disposing of Bleach

- 1) Dispose of unused solution daily.
- 2) Diluted bleach solutions can be disposed of down the drain, but concentrated bleach must be disposed of as hazardous waste.

2) Protocols for Safe Use of Disinfectants

i) Protect workers:

Spray or squirt the product on cloths and mops whenever possible versus spraying them into the air. When the disinfectant is sprayed onto a hard surface, the mist can bounce back directly into the face and be inhaled. Always use disinfectants with the recommended PPE and adequate ventilation. Make sure the facility's heating, ventilating, and air conditioning system is operating while disinfecting tasks are being performed.

ii) Protect building occupants:

Consider how to minimize exposure (of product vapors or residue) to building occupants when selecting the application process and performing the disinfecting. Although some activities need to be conducted while school is in session, tasks that only need to be done once a day should be scheduled after the students, teachers, and other personnel leave.

iii) Reduce quantity:

When applying the disinfectant, use the smallest possible amount of disinfectant as recommended by the manufacturer to obtain the desired level of microbe control. More is not necessarily better—it may be more hazardous and it creates waste.

iv) Allow enough time for disinfectants to react with the microbes to kill them:

Contact or kill times vary from product to product. Follow label directions to determine the time required for the disinfectant to be wet on the surface and in contact with microbes.

v) Rinse:

Rinse all high-touch areas if the product label requires this step. Although product labels specify whether rinsing is required, there are general requirements for the following types of products and situations:

- 1) Food-contact sanitizers (sanitizing rinses) are considered a final rinse when used on surfaces that come in contact with food. No water rinse following application is allowed.
- 2) Disinfectants with claim for use on food-contact surfaces must be rinsed when used in this capacity.

vi) Dry:

Wipe or dry surfaces only if the product label requires this step.

1.3 Incident Reporting

- All incidents shall be reported immediately to the Principal who will take necessary action, if needed.
- Reported incidents shall include incident in the clinic (e.g. needle stick injury occurring), incident in the lab, incidents during break, incidents or violations in the cafeteria and incidents of bullying, abuse or neglect.
- All incidents shall be reported using the Student Incident Report Form supplied for this purpose.
- Major incidents and relevant incidents shall be reported immediately to the DHA.
- Even if the incident happens during holidays, the school reserves the right to take action against incidents that happen outside the school which spills over into the school.
- The School shall abide by the DHA's infectious disease out-break policy and accordingly shall refrain from communicating any incident to parents or the public unless advised by the DHA.
- The Principal shall inform the staff of any incident that may have a serious impact on the buildings and grounds of the school.
- The school will conduct training for teachers and administrative staff to recognize and report incidents.
- The school will maintain detailed written records of incidents; ensuring that such records are stored securely and flagged on, but kept separate from, the student's general file.

D) Employment during Covid-19

1.0 Rationale

The school will take reasonable and necessary measures to protect its staff while complying with the general health and safety regulations provided for in the laws of the UAE. According to Federal Law No 8 of 1980 on Regulation of Labor Relations (the “**UAE Labour Law**”) the school has an obligation to provide staff “*with adequate protection means against hazards of occupational injuries and diseases that may occur during the work*”.

1.1 Risk Assessment

- The school will evaluate workers’ individual risk factors (e.g. employees of older age (typically above 50), presence of chronic or specific medical conditions, etc.), that may make them particularly susceptible to infection.

1.2 “Stay-at-Home” Policy

- The school shall make practical and realistic arrangements related to their work shifts, with clear characterization of tasks, work materials, and work procedures, to minimize the impact to school operations, employee income and educational services provides to school families.
- As per KHDA’s regulations, Staff with high-risk conditions (specific illnesses or immunocompromised) shall be allowed to work from home. Pregnant staff shall also be recommended to work from home or provide a “fit for work” certificate from their doctors.
- The school respects the UAE data protection laws and take all necessary steps to obtain an employee’s express written consent before accessing their medical records in order to ensure they fall under the category of high-risk conditions.

1.3 Covid-19 cases

- Staff members infected with coronavirus will be given sick leave in accordance with the UAE Federal Law No. 8 of 1980.
- The school will not terminate the service of any staff member who had tested positive for coronavirus due to his/her medical condition.
- For suspected cases that cause absenteeism from work:
 - ✓ If a 14-day quarantine is required following a negative PCR then the school shall consider the absence as a sick leave.
 - ✓ If a quarantine is not required, the staff member shall provide a DHA medical report to cover the absence period as a sick leave.

- The school will arrange to substitute any absent teacher from available colleagues to ensure continued provisions for students. For extended absences, the school will arrange with AMSI Human Capital Department for temporary or part time teacher replacements.

Definitions²⁰

Article I. **Anaphylaxis** refers to a potentially fatal, acute allergic reaction to a substance (such as stinging insects, foods and medications). It is induced by exposure to the substance. Manifestations of anaphylaxis may be cutaneous (such as hives, itchiness, swelling), cardiorespiratory (swelling of tongue, throat, wheezing, difficulty breathing, low blood pressure), central nervous system (lethargy, coma) and others.

Article II. **School nurse** refers to a DHA licensed registered nurse who has pediatric experience.

Article III. **Confidential health care information** means all information relating to a patient's health care history, diagnosis, condition, treatment or evaluation obtained from a health care provider who has treated the patient.

Article IV. **Emergency** means a medical or psychological condition where the absence of immediate intervention could reasonably be expected to result in placing the student's health in serious jeopardy; serious impairment to bodily or psychological functions; or serious dysfunction of any bodily organ or part.

Article V. **Follow-up** means the contact with a student, parent as defined herein, and/or service provider to verify receipt of services, provide clarification and determine the need for additional assistance.

Article VI. **Health** is the quality of a person's physical, psychological, and sociological functioning that enables him or her to deal effectively with self and others in a variety of situations.

Article VII. **Health education** means comprehensive sequential KG through Grade 12 instruction that builds a foundation of health knowledge, develops the motivation and skills required of students to cope with challenges to health and provides learning opportunities designed to favorably influence health attitudes, practices and behavior that will impact lifestyles, educational performance, achievements and long range health outcomes.

Article VIII. **Individualized health care plan (IHCP)** means a comprehensive plan for care of children with special health care needs developed by the certified school nurse in collaboration with the student, parents, school staff, community, and health care provider(s), as appropriate.

Article IX. **Medication** means a prescription substance regarded as effective for the use for which it is designed in bringing about the recovery, maintenance or restoration of health, or the normal functioning of the body.

²⁰ Dubai Health Authority- School Clinic Regulation, 2014

Article X. **Physician**, as used herein, means an individual licensed by the Dubai Health Authority to practice medicine.

Article XI. **Prescription** means an order for medication signed by a licensed practitioner with prescriptive authority or transmitted by the practitioner to a pharmacist by telephone, facsimile, or other means of communication and recorded in writing by the pharmacist.

Article XII. **Record** means any information recorded in any way, including, but not limited to, handwriting, print, tape, electronic storage, computer diskette, film, microfilm, and microfiche.

Article XIII. **Vision screening** as used herein, means a limited series of tests to identify individuals who may have a vision or eye health problem.

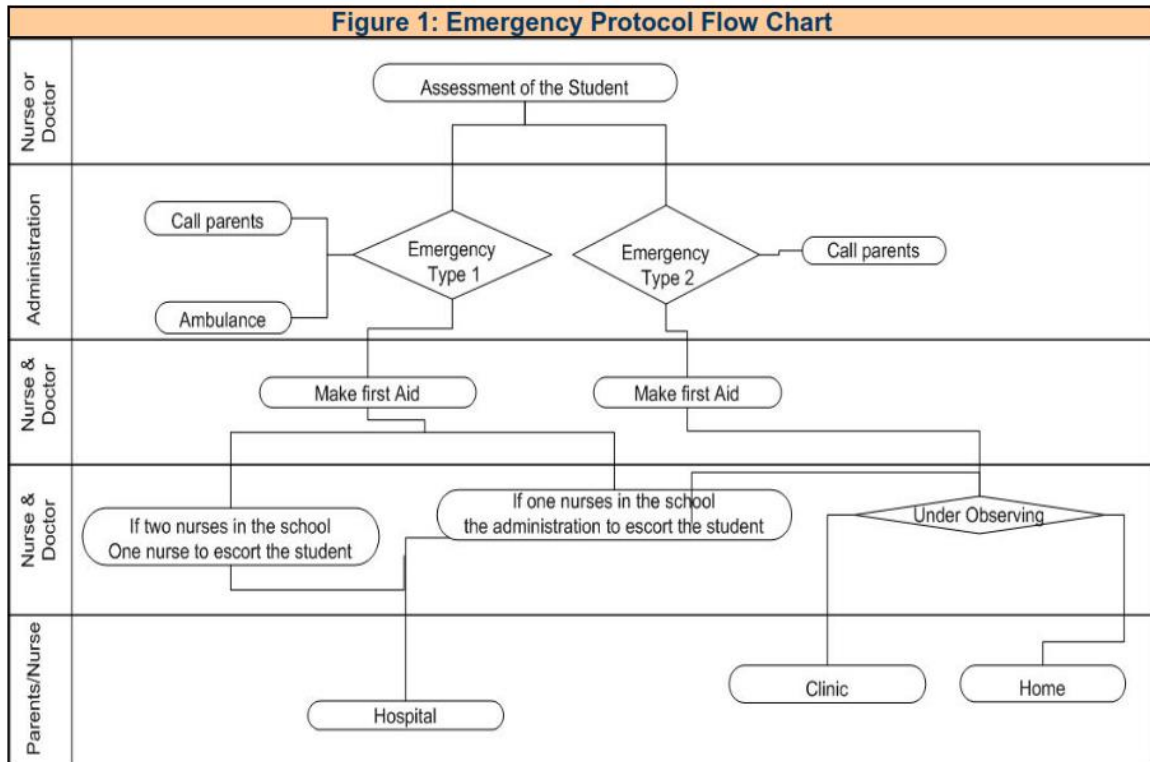
E) Appendix 1: Exclusion from School List (Stay-Home)

| Disease Or Condition | Incubation Period (Approximately) | Exclusion of Cases | Exclusion of Contacts |
|---|--|---|---|
| Acute Amoebic dysentery (Amoebiasis) | Range from 2 – 4 weeks | Exclude until diarrhea has resolved for at least 24 hours (without anti-diarrheal medications) | Not excluded |
| Chicken pox | From 10 to 21 days; usually 14-16 days | Exclude from school until all vesicles become crusted & dry, or until no new lesions appear within a 24-hour, (an average range of 4-7 days from appearance of rash). | Not excluded. Any child with an immune deficiency (e.g. with leukemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary. |
| Conjunctivitis | | Exclude until discharge from eyes has ceased, unless doctor has diagnosed a non-infectious conjunctivitis. | Not excluded |
| Coronaviruses (SARS, MERS, COVID-19) | Range from 2-14 days | Exclude until medical certificate of recovery is produced (Subject to the current guidelines) | Subject to the current National authority guidelines |
| Cytomegalovirus (CMV) infection | Range from 3 – 12 weeks. | Exclusion is not necessary | Not excluded |
| Diarrheal illness - unspecified | | Exclude until symptoms (diarrhoea/vomiting) has resolved for at least 24 hours (without anti-diarrheal medications) | Not excluded |
| Diarrheal illness-viral (Adenovirus, Norovirus, Rotavirus) | Varies with pathogen (usually from 12 hours to 4 days) | Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications) | Not excluded |
| Diarrheal illness-Bacterial (shigella, Non-typhoidal salmonella, campylobacter) | Varies with pathogen (usually from 10 hours to 7 days) | Exclude until symptoms (diarrhoea/vomiting) has resolved for at least 24 hours (without anti-diarrheal medications) | Not excluded |
| Diarrheal illness-E.coli infection, Shiga toxin or Vero toxin producing (STEC or VTEC) | Range from 1-10 days; usually 3-4 days | Exclude cases until they have two negative stool specimens collected at least 24 hours apart and at least 48 hours after discontinuation of antibiotics | Not excluded |
| Diarrheal disease-Giardiasis | Range from 1 to 4 weeks (usually 7 to 10 days) | Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications) | Not excluded |
| Diphtheria | Range from one to ten days; (usually 2-5 days) | Exclude until medical certificate of recovery from illness is received; which is following two consecutive negative nose and throat cultures (and skin lesions in cutaneous diphtheria) taken 24 hours apart and not less than 24 hours after completion of antibiotic therapy. | Exclude Family / household contacts until investigated by medical professional and shown to be clear of infection. |
| Glandular fever (Epstein-Barr Virus infection) | Approximately 4 – 8 weeks | Exclusion from school is not necessary Note: ONLY exclude from (contact/collision) sports for 4 weeks after onset of illness | Not excluded |
| Hand, Foot and Mouth disease | Usually 3 – 6 days | Exclude until all blisters have dried. | Not excluded. |
| Haemophilus influenzae type b (Hib) | Range from 2 – 4 days | Exclude until the person has received appropriate antibiotic treatment for at least four days. | Not excluded. |

| | | | |
|---|---|--|---|
| Hepatitis A | 15 to 50 days; the average 28 to 30 days | Exclude until a medical certificate of recovery is received, and until 7 days after the onset of jaundice or illness. | Not excluded |
| Hepatitis B | 60 to 150 days; usually 90 days | Acute illness: Exclusion until recovered from acute attack. Chronic illness: Not Exclusion | Not excluded |
| Hepatitis C | Range from 14–182 days (usually range: 14–84 days) | Exclusion is not necessary. | Not excluded |
| Human immunodeficiency virus infection (HIV/AIDS) | Usually one to four weeks | Exclusion is not necessary. | Not excluded |
| Impetigo (School sores) | Varies. Usually one to three days for streptococcal infections and four to 10 days for staphylococcal infections | Exclude until lesions are crusted and healed. The child may be allowed to return earlier provided that appropriate treatment has commenced and that sores on exposed surfaces must be properly covered with water-proof dressings | Not excluded |
| Influenza / influenza like illnesses | Usually 1 to 4 days | Exclude until at least 24 hours after fever has resolved without the use of fever-reducing medicines. | Not excluded |
| Leprosy | | Exclude until receipt of a medical certificate of recovery from infection. | Not excluded |
| Measles (Rubella) | Range from 7 – 23 days from exposure to symptom onset; Usually 10-14 days. | Exclude for at least 4 days after the onset of rash. Or until medical certificate of recovery from illness is received | Immunized contacts not excluded. Unimmunized contacts should be excluded until 14 days after the first day of appearance of rash in the last case. (If unimmunized contacts are vaccinated within 72 hours of their first contact with the first case, or received immunoglobulins within 6 days of exposure, they may return to school). |
| Meningitis (viral, bacteria - other than meningococcal meningitis) | Varies with specific agent | Exclude until well. | Not excluded. |
| Meningococcal Meningitis infection | Range from two to ten days; usually 3 -4 days. | Exclude until receipt of a medical certificate of recovery from infection. | Household contacts must be excluded from school until they have received appropriate chemoprophylaxis for at least 48 hours. |
| Mumps | Twelve to twenty five days; commonly 16-18 days | Exclude for 9 days after the onset of swelling OR until this swelling resolved. | Not excluded |
| Pediculosis (Head lice) | | Until appropriate treatment has commenced. Note: Rescreening is needed 7-10 days after initial treatments, to inspect hair for live crawling lice. | Not excluded |
| Pertussis (Whooping cough) | It is commonly seven to ten days; but may also appear up to 21 days later | Excluded 21 days after the onset of cough & illness if no antibiotic treatment is given OR until they have completed 5 days of a course of recommended antibiotic treatment. AND receipt of a medical certificate of recovery from infection | If the household contacts have not previously had whooping cough or vaccination against whooping cough; they must be excluded from attending a school for twenty one days after last exposure to infection OR until they have completed 5 days of a course of an appropriate antibiotic |
| Poliomyelitis / Acute Flaccid Paralysis | Range from 4 – 35 days; Usually 7 – 10 days | Exclude from schools until 14 days after the onset of illness and until receipt of a medical | Not excluded |


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|--|---|--|---|
| (AFP) | | certificate of recovery from infection | |
| Rubella (German Measles) | Range from 12 – 23 days; usually 17 days. | Exclude until fully recovered or for at least seven days after the onset of rash. | Not excluded. Note: Female staff of childbearing age should ensure that their immune status against rubella is adequate. |
| Scabies | It may take 2–8 weeks before onset of itching in a person not previously exposed to scabies. Symptoms develop much more quickly if a person is re-exposed, often within 1–4 days. | Until appropriate treatment has commenced. | Not excluded |
| Shigellosis (Diarrhea) | From twelve hours to four days (usually one to three days) | Until diarrhea ceases | Not excluded |
| Streptococcal infection including Scarlet Fever | 2 to 5 days | Exclude the child has received appropriate antibiotic therapy for at least 24 hours and after the fever has resolved for 24 hours (without the use of fever-reducing medicines); Or until a medical certificate of recovery from infection has been obtained. | Not excluded |
| Tuberculosis (excluding latent tuberculosis) | It takes about 4-12 weeks from infection to a demonstrable primary lesion or positive skin test reaction | Exclude until receipt of a medical certificate from the health officer of the Department, that the child is not considered to be infectious. | Not excluded |
| Typhoid fever/paratyphoid fever | For typhoid fever ranges from 6–30 days; usually 8–14 days (but this depends on the infective dose) For paratyphoid fever is usually 1–10 days. | Exclude until receipt of a medical certificate of recovery from infection. | Not excluded unless the health authorities consider exclusion to be necessary. |

F) Appendix 2: Emergency Protocol Flowchart



Revision History:

| Revision | Date | Description of changes | Requested By |
|-----------------|-------------|---|-----------------------------------|
| 0 | 02/09/2016 | Initial Release | CAO |
| 1 | 01/10/2018 | General Review, became an independent policy | School Principal |
| 2 | 1/09/2019 | General review | CAO |
| 3 | 20/09/2020 | Alignment with DHA requirements and new standards for Clinics | School Principal School Doctor |
| 4 | 08/09/2021 | Added content to Medication Management Policy | School Doctor (AMG) |
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|-----------------------------|--|
| Prepared/Revised by: | Hussam Moussa |
| Title: | AMSI Excellence and Compliance |
| Signature: |  |
| Date: | 08/09/2021 |

| | |
|---------------------|---------------|
| Reviewed by: | |
| Title: | School Doctor |
| Signature: | Date: |
| Reviewed by: | |
| Title: | School Nurse |
| Signature: | Date: |

Date of next review: ____06/2023____

Approvals:

School Principal: _____ Date: _____