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King's College Hospital London

King's College Hospital
School Clinic Manual

Prepared by:
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Standard Operating Procedure:	**Service Description and Scope of Service**
SOP Number:	**KCH-SOS-024**
Version Number:	**V2**
Applies To: KCH School Clinic	

SERVICE PHILOSOPHY:
The King's College Hospital (KCH) school clinics have the opportunity and responsibility to influence the health and wellbeing of school children and their families. KCH school clinics aim to be an integral part of the school system. Health Services are designed to maximize a student's health potential and provide a spectrum of health services for the children and their families, both within the school and the wider community.

PATIENT POPULATION:
Students aged 3-18 years attending KCH School Clinics and adults in the event of a medical emergency or accident.

SCOPE OF SERVICE AND COMPLEXITY OF CARE:

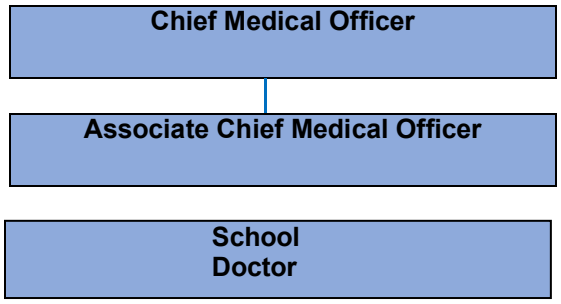
Day	Time	hours
Monday	7:30am -5:30 pm	10
Tuesday	7:30am -5:30 pm	10
Wednesday	7:30am -5:30 pm	10
Thursday	7:30am -5:30 pm	10
Friday	7:30am -3:30 pm	8.5
Saturday	Closed	Closed
Sunday	Closed	Closed

Specialty	Complexity
School Doctor	Medical examinations, Health screening including hearing and vision, Urgent /non-urgent medical referrals, Vaccinations, Assessment and review of student's existing medical conditions, Meet with student and parents to discuss their medical concerns and create individual student health plans, Initiate and implement first aid and emergency procedures for staff and students as needed, Participate in Kid's Club activities focusing on infection control , nutrition , wellbeing and exercise throughout the year. Conducting Health Education session to school community such as students, parents and staffs
	Kid's Club health activities and education according to the needs of the students and their families ,Build relationships with parent groups and the local community, Monitor consumable consumption and replenish as required. Provide nursing cover as per KCH Scope of Service and Medical Malpractice Insurance, during school holidays, up to the standard working hours for activities based at Arcadia School.

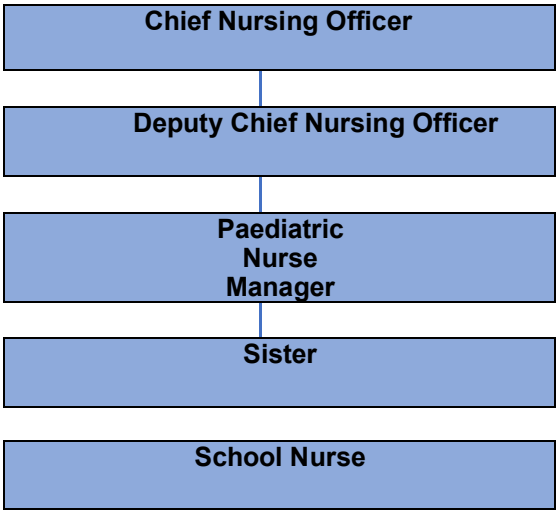
Sister	Supervision and governance of nursing activities, Manage regulatory inspections, Infection control surveillance, Create and monitor clinic KPIs and audits, Attend Operations and Health and Safety meetings /activities, Meet with the School Management as required to discuss clinic activities and any incidents, Create and manage the Clinic Risk Register, Be assessable to parents and teachers, Arrange temporary nurse cover in the event of absence. Monitor and report on patient and client experience in the Clinic. Manage procurement pathway ensuring monthly financial reports and approvals are submitted.
Pediatric Nurse Manager	Provides support to Sister and is available to attend meetings or events as required. Reports governance activities to KCH London.

All students or staff who present outside the scope of service at KCH School Clinics will be transferred to a suitable healthcare facility as per policy.
QUALIFICATIONS OF STAFF:

School Doctor:
Per DHA PQR and Licensure Regulations as well as the KCH Credentialing and Privileging Policy. Specialized skills and knowledge as per each service specialty/ sub-specialty/department/division's Clinical Practice Guidelines (CPG's).



Per DHA PQR and Licensure Regulations.
All licensed nurses shall follow training and competency assessment, as per the Training and Clinical Competency Matrix.



STANDARDS OF PRACTICE:

Practice is evidenced and guided by international standards:

1. *The Royal Marsden Manual Online*
2. *NICE Guidelines*
3. *DHA School Clinic Regulation 2014*

GOVERNANCE:

Governance of School Nursing Services will be in line with the organisational Governance Framework which will include Quality management, Patient and Family Satisfaction, Regulatory Compliance, Regulatory Reporting, Staff Competence, Risk Management and the implementation of an Annual Audit Program.

Governance data will be collected and shared monthly or as required with the Chief Nursing Officer and KCH London.
Action plans will be created, implemented and monitored for any areas reported as underperforming.

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Title:	**School Clinic Policies and Procedures**
Policy Number:	KCH/CLINICAL/215
Version Number:	V3
Effective Date:	July 2025
Review Date:	June 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Pediatric Sister
Reviewing/Endorsing committees:	Governance Committee
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Search Keywords:	School Clinic

This Policy replaces other existing policy: Yes [ ] No [√]

If yes, please indicate what policy:

Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

1. INTRODUCTION

1.1. The School Clinic Services are established to promote the health and wellbeing of students through early detection and intervention for medical and learning issues and to provide support to the Children and their Families.

2. PURPOSE

2.1. The aim of this policy is to provide a framework using the four key elements of the KCH School Nurses role:

2.1.1. Safeguarding the health and welfare of children

2.1.2. Health promotion and facilitating early intervention

2.1.3. Providing pastoral care by being a confidant and family support

2.1.4. Providing an overarching role as “health adviser” to school staff, parents and pupils.

3. SCOPE

3.1. Kings College Hospital School clinic staff, School Administration and Faculty Staff

4. DEFINITIONS

4.1. P.E. - Physical Education

4.2. CPO - Child Protection Officer

4.3. KCH - King’s College Hospital London-LLC

5. RESPONSIBILITY

5.1. School Clinic and the Medical Team

5.1.1. King's College Hospital London-LLC makes continuous effort to uphold the excellence of the Guidelines and Policies of the Dubai Health Authority.

5.2. Doctor

5.2.1. The doctor is duly licensed from the competent authorities, and the duties as per the Dubai Health Authority are as follows:

5.2.1.1. Medical examination with parental consent of student upon joining the school.

5.2.1.2. Cooperate with the competent medical authority in coordinating the vaccination of the students against contagious diseases

5.2.1.3. Prepares a medical report for each student as required.

5.2.1.4. Prepare a standing medication order.

5.2.1.5. Conduct a medical examination as per DHA standard.

5.2.1.6. Conduct health education in collaboration with the nursing team.

5.3. Nurses

5.3.1. The School Nurse shall hold a DHA license as registered nurse and should possess at least 1-year experience of working with children in a school or pediatric setting. There shall be one full time School Nurse per every 750 students.

5.3.1.1. Refer promptly student who are showing signs of visual, hearing and learning difficulties.

5.3.1.2. Refer student with fever, rashes or unusual behavior.

5.3.1.3. Report presence of potential hazards in the classroom.

5.3.1.4. Motivate student to enhance healthy practices.

5.3.1.5. Report sanitary and safe environment deficits to the school administration.

5.3.1.6. Measure height and weight of students and calculate BMI on an annual basis for all students.

5.3.1.7. Refer to the school health doctor, students whose growth and development measurement show deviations from normal.

5.3.1.8. Plan and conduct health education sessions for parents of students with chronic illness to assist them to understand their child's disease and needs.

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

5.3.1.10. Plan the immunization schedule of every student as per guidelines in immunization and conduct immunization under the supervision of the school health doctor.

5.3.1.11. Update knowledge, skills and practices related to school health requirement.

5.4. School Nurse Absence

5.4.1. In the event of the School Nurse being absent, and the Clinic is left without a nurse for the day, she will notify the Sister/Clinic Service Manager, so the necessary arrangement can be made to ensure the Clinic remains open:

5.4.1.1. KCH will provide a DHA Part Time licensed Registered Nurse if the duration of absence is more than 2months with Medical Malpractice Insurance, otherwise a KCH Float Nurse or an agency will be provided.

5.4.1.2. Any other regulatory requirements by DHA.

5.5. Orientation of New Hire-School Nurse

5.5.1. Kings College Hospital London-LLC provides training and orientation to all newly hired personnel regarding the School Policies and Government Policies dealing with roles and obligations of Employees

In the School Clinic orientation, this procedure follows:

5.5.1.1. When a new nurse commences in the clinic it is ideal there be a two week – 1-month handover period.

5.5.1.2. Outgoing staff or current staffs are to train the new hire, if this is not possible, the Sister will undertake such training.

5.5.1.3. In the first week new staff are to review policies, DHA clinic regulations and guidelines to ensure they have a firm knowledge base prior to treating students.

5.5.1.4. Support will be provided from the other staff at the school clinic, HR, the Bursar and the School Principal as needed.

5.5.1.5. Staff are required to complete School Nurse competency booklet, drugs calculation test and orientation.

5.5.1.6. A review will be completed after 6 months of employment to see if the employee has met conditions of the probationary period.

5.6. Continual Education

5.6.1. The Medical Team are given 5 professional development days to undergo training and meetings in improving expertise and knowledge in their field. They must meet CME requirement to renew their license professional.

5.6.2. The Nurse is holder of Basic Life Support Training and Pediatric Advance Life Support and is given opportunity by KCH Management to undergo essential education and continuous updates in relevant clinical practice.

5.6.3. KCH will provide clinical training covering Anaphylaxis Management, Managing Respiratory Emergencies and Managing Emergency Diabetic cases and Glucagon Administration & other relevant topics.

5.7. Quality Governance

5.7.1. Reporting Structure

5.7.2. Clinical Governance Activities

5.7.2.1. Risk registers (Support with the assessment and management of risk across the clinical facilities).

5.7.2.2. Management of regulatory inspections.

5.7.2.3. Medical records management including the security of patient data.

5.7.2.4. Management of medical devices and device related alerts.

5.7.2.5. Incident management and training.

5.7.2.6. Clinical audits (regulatory, international).

5.7.2.7. Incident trend feedback.

5.7.2.8. Ambulatory dashboard and KPI monitoring.

5.7.2.9. RCA support for Serious Incidents.

5.7.2.10. Complaint and patient experience management.

5.7.2.11. Infection control surveillance.

5.7.2.12. Patient safety alerts.

5.7.3. Clinical Components

5.7.3.1. Year-round health awareness program – with ongoing visits from Kings specialist physicians or nurses.

6. POLICY

6.1. Student Health Examination and Screening Policy

6.1.1. In accordance with the guidelines of Dubai School Health Authority, the school is required to perform Medical Examinations to the following:

6.1.1.1. All new students / KG, Foundation Stage

6.1.1.2. Grade1 / Year 2

6.1.1.3. Grade 4 / Year 5

6.1.1.4. Grade 7 / Year 8y, Grade 7 / year 11

6.1.1.5. Leaving students

6.1.2. Annual Growth, Eye Screening, Scoliosis Screening, Dental Screening and BMI are required to be taken annually to all the students and reported to DHA.

6.1.2.1. The Clinic notifies the parents prior to the medical examination, forms will be sent to parents for their consent.

6.1.2.2. Parents who prefer the examination with their family doctor are requested to provide a medical examination report which will be attached to the student's medical file.

6.1.2.3. The welfare and safety of the children are the utmost priority and they are always supervised by the School Nurse during examination.

6.1.2.4. Parents are informed to any abnormalities seen during examination and early referral is made accordingly, they will receive a "Kings College Medical Form" (Appendix 1) from the Clinic.

6.2. Accident Prevention and Safety

6.2.1. The School will provide as far as is practical, a safe and healthy environment.

6.2.2. All reasonable steps will be taken to ensure that:

6.2.2.1. The premises are kept safe and clean to prevent risk to all users.

6.2.2.2. The equipment is safe and manufacturers' instructions for use are followed.

6.2.2.3. Staffs are aware of health and safety requirements.

6.2.2.4. All accidents and injuries are recorded in by the School Nurse.

6.2.2.5. Incident reports are to be completed for incidents and accidents.

6.2.3. Safety Checklist

6.2.3.1. The School Nurse, Sister and the School Facility Manager/ Health and Safety Officer will complete a monthly inspection to ensure safety compliance and report concerns in the following areas, checks may include:

a. Inspect the grounds for safety hazards.
Hazards that may lead to slipping falling, electrical shock, burns, poisoning or trauma should be eliminated.
Checks may include but not limited to:

- Wooden fences and benches are free of splinters.
- Drains closed and lids in good condition.

- Toy boxes are dry, no insects or water inside.
- Insect's nests.
- Bins with lids and are emptied regularly.
- Climbing frames and all toy structures are secure.

b. Inspect the school for obvious safety hazards which may include:
   - Electrical points, sockets, plugs, fuse box.
   - The facility should have an appropriate fire-fighting equipment signage, emergency power capabilities, lighting and evacuation plan. Fire exits are free of obstruction, doorways, stairs and steps are safe and accessible.
   - Equipment is safe and in good condition.
   - Nontoxic materials are used, glue, paint, etc.
   - Poisonous cleaning agents are safely stored and not accessible by students.
   - Broken or damaged items, toys, kitchen, etc. are to be repaired or disposed of.
   - General cleanliness of the school is maintained.

c. Inspect the following areas to ensure routine cleaning has occurred:
   - Clinic washrooms are regularly cleaned.
   - Classroom are kept tidy and clean
   - Toys and in class props are kept clean
   - Common areas are clean and tidy

d. A report is compiled and sent to the respective Health & Safety Officer & Senior Leadership Teams.

6.3. First Aids and Medical Emergencies

6.3.1. First Aid

6.3.1.1. Minor injuries are treated in the clinic with appropriate first aid.

6.3.1.2. All major/ life threatening injuries are referred as appropriate to Kings College Hospital London, Dubai Hills

6.3.1.3. A call or email informs parents of their child's condition.

6.3.1.4. Correct documentation of incident and treatment administered are completed.

6.3.1.5. Dubai Health Authority medical records are maintained.
This record is used to record all health issues. Records should be contemporaneous.
The important details to be recorded are:
   a. The name of the student.
   b. Their class.
   c. The date, time.
   d. The circumstances of the incident
   e. A description of any injury sustained.

6.3.1.6. Any treatment administered.

6.3.1.7. The School Nurse will check daily the first aid kits and AED's in assigned areas and advising as necessary. The checks will be documented.

6.3.1.8. If a child sustains a head injury while at school, parents will be informed through telephone, and will be advised to take the necessary precautions following the injury (e.g. vomiting, dizziness). Proper documentation of incident will be implemented (See Appendix 2)

6.3.2. Sent Home

6.3.2.1. If a student is required to go home for medical reasons, the medical team will:

a. Contact the parents/ guardian and request that they collect the student or advice who will be collecting.
b. No student can go without the parents / guardian.
c. No student will go home in a taxi unaccompanied. If parents insist that a taxi is used an "against medical advice form "must be signed. (See Appendix 3)
d. The Nurse will inform the appropriate teachers and admin staff via email
e. All discharges home will be documented.
f. Children sent home, if requested by medical team, will be required to seek medical advice and submit a medical report to the clinic.
g. Children referred to Kings College Hospital, or other, as per parent's request, will be accompanied with a KCH Referral Form (See Appendix 4)

6.3.3. P.E. Excuse Note

A note or email will be sent with the student, to give to their P.E. teacher, if the nurse deems it necessary (See Appendix 5).

6.4. Notification of Parent

6.4.1. Parents will be informed either verbally by phone or email dependent on the condition of their child, they will be advised of any occurrence that requires follow up or monitoring and of any medication administered.

6.4.2. The School Medical Team is in constant communication with DHA to coordinate and disseminate accurate information in cases of notifiable communicable diseases and parents are notified accordingly.

6.4.3. Parents are updated by the School Nursing Team of any changes or variations to their child's health and wellbeing.

6.4.4. Whenever there is a medical condition that needs to be discussed with parents, a meeting is scheduled with either the school nurse or doctor and a timely plan of referral and treatment is agreed upon. Parents will be requested to provide updates to the School Nurses.

6.4.5. In case of emergency:

6.4.5.1. A phone call is the most preferred way to notify parents, if they can't be reached, the emergency medical management as per the consent will continue, as the safety and well-being of the child is paramount, this may include transfer by ambulance if needed. The School Administration Team

will continue to try to contact the parents or the next emergency contact to inform them of the situation. A copy of the child's EID must be available should emergency transfer or admission be needed.

6.4.6. In case of communicable diseases:

6.4.6.1. A notification email is sent to the School Teacher and SLT to distribute as per DHA guidelines, the relevant authorities are notified when appropriate. allergies and the physician's order to administer an epinephrine auto- injector shall be entered into the student's health record.

6.5. Allergy Management

6.5.1. The Nurse will compile a School Allergy List. Students with a documented history of anaphylaxis will require parental authorization for emergency treatment.

6.5.2. All students with life threatening allergies will be highlighted on the Allergy List and will be identified by the Medical Team at registration.

6.5.3. Life Threatening Allergies:

6.5.3.1. While it is impossible to create a totally risk-free environment, school staff and parents will take every precaution to minimize potentially fatal allergic reactions.

6.5.3.2. The Nurse should be aware of which students carry EpiPen's. EpiPen's kept in the clinic will be clearly labelled with the student's name and expiry date and stored in a locked cupboard.

6.5.3.3. The Parents are requested to provide a medical report from their doctor detailing their child's allergy history, this will be attached to the child's file.

6.5.3.4. An Allergy Action Plan will be completed for all students with life threatening allergies. The plan will be updated if clinically required (See Appendix 6).

6.5.4. The Allergy Action Plan should include:

6.5.4.1. Telephone number for parents and alternate emergency contacts.

6.5.4.2. Students' photo.

6.5.4.3. Specific information about the student's allergy and treatment and history of previous allergic episodes.

6.5.4.4. Consent for administering emergency medications and emergency transfer to the nearest emergency room.

6.6. Diabetic Care Management & Glucagon Administration

6.6.1. Clinic staff should prepare and list the name of students with DM, all students should be known to all school staff

6.6.2. Teaching staff of those with diabetes should be aware of Hyplogycemia and Hyperglycemia, signs and symptoms

6.6.3. Individualized Healthcare Plan (IHCP) readily available for nursing staff prepared by the school doctor and the treating physician

6.6.4. School canteen to provide healthy choices snacks and limit sugary products

6.6.5. Students have to bring/store snacks readily available in the clinic in case of hypoglycemia attack

6.6.6. Emergency medicine such as Glucagon labelled and expiry, stored in clinic medicine fridge for hypoglycemia episodes of student unable to swallow, confused or is unconscious.

6.6.7. Glucometer to be maintained and in working order and monitor regulary via control solution and documented.

6.6.8. Treatment of Hypoglycemia algorithm should be followed.

6.7. Accident and Medical Emergencies

6.7.1. Accidents that <u>Do Not Require Hospital Transfer</u>

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

6.7.1.2. The First Responder (if not the Nurse) will call for help and stay with the patient until the nurse arrives.

6.7.1.3. The Nurse will assess and stabilize the patient and will call administration if emergency services are required. Simultaneously the Parents or Guardians are to be contacted.

6.7.1.4. If possible, the student will be moved to a safe area, once assessed by the nurse.

6.7.1.5. Instruct the teachers to reassure the other students.

6.7.1.6. The student must be kept under medical supervision until recovered.

6.7.1.7. The incident and any treatment will be documented in student's medical file, and an incident report will be submitted.

6.7.1.8. An incident form must be completed by the nurse and the person who saw the incident for documentation which will be sent to the School Senior Leadership Team within 24 hours.

6.7.1.9. Incident reports are available in the School Clinic.

6.7.2. Emergencies that require Hospital Transfer

In the event of an emergency transfer to a hospital:

6.7.2.1. The School Administration should inform parents of the student and arrange for an ambulance on 998 and the child will be transferred to Rashid Hospital or the preferred hospital of the parents.

6.7.2.2. The School Administration should arrange for a staff member to escort the child in the ambulance to the hospital, as the nurse must remain in the School Clinic.

6.7.2.3. An Emergency Transfer Form must be completed by the Nurse.

6.7.2.4. An incident form must be completed by the nurse and the person who saw the incident for documentation which will be sent to the School Senior Leadership Team within 24 hours.

6.7.2.5. Incident reports are available in the School Clinic.

6.7.3. Emergency Transfer Information

The Emergency Transfer Form must contain the following information and should be given to the Emergency Service:

6.7.3.1. The student's name, age, address and telephone number.

6.7.3.2. The parents/ guardian's name address and telephone number.

6.7.3.3. Any known allergies and any relevant medical history.

6.7.3.4. If available, the date of last tetanus immunization.

6.7.3.5. An accurate account of the incident/accident.

6.7.3.6. An incident form must be completed by the nurse and the person who saw the incident for documentation which will be sent to the School Senior Leadership Team

within 24 hours.

6.7.3.7. Incident reports are available in the School Clinic.

6.7.3.8. Details of any medication and first aid administered in the school.

6.7.3.9. A copy will be uploaded in student's record.

6.8. Medication Guidelines

6.8.1. Storage Recommendations

6.8.1.1. All school medications and those brought to school by students will be kept in the school clinic in a locked cupboard or locked refrigerator.

6.8.1.2. All medication required by students in school, must be accompanied by a valid doctor's prescription with stamp and must be brought with the original packaging.

6.8.1.3. The cupboard will always be locked, and the keys will be held by the nurse.

6.8.1.4. All medications will be checked daily and their expiry dates will be recorded.

6.8.1.5. Any Epi-Pens will be clearly labelled with the student's name and expiry date.

6.8.1.6. The refrigerator temperature will be checked and recorded twice daily during school hours between 2 and 8ºC.

6.8.2. Medication Authorization Consent Form (See Appendix 7)

6.8.2.1. The Parent / Guardian must complete a Medication Authorization Consent prior to administration of any medication given by the School Nurse and must be accompanied by doctor's prescription.

6.8.2.2. A new Medication Authorization Consent must be completed if there are changes in the original doctor's prescription or a new medication is prescribed.

6.8.2.3. A Medication Authorization Consent is valid for the current school year and must be renewed at the beginning of each year.

6.8.2.4. The Medication Authorization Consent must include:

a. Student's name and DOB
b. Name of medication
c. Dosage and frequency of medication.
d. Route to be given.
e. Time and date of administration
f. Prescription date
g. Diagnosis
h. Parent/ guardian and nurse's signature
i. Contact telephone numbers

6.8.2.5. The School Nurse will ensure the Medication Authorization Consent will be kept in the student's health record.

6.8.3. Administration

6.8.3.1. The 10 R's of drug administration will always be used when administering medications i.e. right person, right medication, right time, right dose, right route, right documentation, right reason, right to refuse, right client education and right assessment.

6.8.3.2. Prescribed and non-prescribed medications required by students should be

administered at home wherever possible. Parents are encouraged to set medication times to outside of school hours if possible.

6.8.3.3. Where home administration is not possible, the school nurse may administer medication in accordance with the DHA guidelines.

6.8.3.4. Parents or guardians must pick up all medications after they are discontinued.

6.8.3.5. Non-traditional forms of medication e.g. herbal or home remedies will not be administered in the school (as dosage and action cannot be determined).

6.8.3.6. Nurses will fill up a Medication Administration Record (See Appendix 9)

6.8.4. Medication Container and Labels (See Appendix 8)

6.8.4.1. Medications, prescribed and non-prescribed, must be in the original, properly labelled container.

6.8.4.2. All opened medications will be labelled stating the date of opening and expiry date.

6.8.4.3. A new label is required for any dose change.

6.9. Health Record Management and Retention

6.9.1. Student Medical Records:

6.9.1.1. A complete, comprehensive, and accurate student medical record is maintained for each student.

6.9.1.2. A record includes a recent history, physical examination, any pertinent progress notes, medications, laboratory reports, imaging reports as well as communication with other student/ patient personnel.

6.9.1.3. Records and highlight allergies, management of allergies and untoward drug reactions.

6.9.1.4. The Clinic maintains an immunization record of all students and prescribes and administers immunization in case applicable as per the DHA guideline.

6.9.1.5. Records should be organized in a consistent manner that facilitates continuity of care.

6.9.1.6. Discussions with student/patients concerning the necessity, appropriateness of treatment, as well as discussion of treatment alternatives, should be incorporated into a patient's medical record as well as documentation of informed consent.

6.9.1.7. The school health doctor or when designated, the nurse is be responsible for the complete, cumulative school health record for each student.

6.9.1.8. The student's medical documents will be uploaded in the Electronic Medical Records. Any paper records will be securely stored in a locked filling cabinet.

6.9.1.9. Whenever a student transfers to another school, a copy of the complete records is handed to the parents to ensure confidentiality of medical records.

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

6.9.1.11. Health records include information regarding but not limited to:

a. Health history, including chronic conditions and treatment plan.
b. Screening results and necessary follow-up.
c. Immunization status and certification.
d. Health examination reports.
e. Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care.
f. The Individual Health Care Plan (See Appendix 10), for a student with

chronic health condition, will include:

- The parental authorization of a student's treatment.
- The physician's order to administer a medication, related to the condition.
- Documentation of any nursing assessments completed.
- 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.
- Documentation of the health care provider's orders, if any and parental permission to administer medication or medical treatment to be given in school by the school nurse.

6.9.1.12. Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:

a. Secure records always, including confidentiality safeguards for electronic records.
b. Establish, document and enforce protocols and procedures consistent with the confidentiality requirements.

6.10. Lost and Found – Refer to the KCH-SOP-010

6.11. Infection Prevention and Control Policy Guidelines

6.11.1. The School reserves the right not to admit any student onto the premises who appears to be suffering from an infections or contagious disease. A student who is unwell on arrival to school will be sent home to minimize the risk of cross infection.

6.11.2. Any student who has any of the following symptoms should be seen by a physician or remain at home until fully recovered.

6.11.2.1. Fever
6.11.2.2. Skin rash of unknown cause
6.11.2.3. Diarrhoea
6.11.2.4. Vomiting
6.11.2.5. Heavy eye or ear discharge
6.11.2.6. Sore throat
6.11.2.7. Persistent cough
6.11.2.8. Red, watery and painful eyes
6.11.2.9. Ring worm
6.11.2.10. Known contagious infections

6.11.3. Children should not return to school until they are 24 hours symptom free without medication or as advised by DHA exclusion period guidelines.

6.12. Head Lice Policy

6.12.1. Whilst parents have the primary responsibility for the detection and treatment of head lice The School Medical Team will work collaboratively to assist to manage head lice effectively.

6.12.1.1. Routine Headlice Checks are generally not needed but can be done upon request from the School Senior Management Team. However, if a case of suspected head lice is reported a head inspection check is carried out by the school nurse.

6.12.1.2. If the teacher suspects infestation on a child, the nurse should check and the doctor if available should confirm.

6.12.1.3. Only exclude children from school with live lice.

6.12.1.4. Parents are informed by email and an information sheet is sent home (See Appendix 11).

6.12.1.5. Children are allowed back in school with nits provided they've been treated with a medicated shampoo.

6.12.1.6. Children with adult lice should receive treatment before they return to school.

6.12.1.7. The Child can return to class once the Nurse has confirmed that the child is lice free.

6.12.1.8. To support parents to achieve a consistent, collaborative approach to head lice management.

6.13. Immunization

Students should be prepared for vaccination with consideration for their age and stage of development. Parents/guardians and patients should be encouraged to take an active role before, during and after the administration of vaccines.

6.13.1. Screening

All students should be screened for allergies, contraindications and precautions for each scheduled vaccine.

6.13.2. Inspecting vaccine

Each vaccine vial should be carefully inspected for damage or contamination prior to use. The expiration date printed on the vial or box should be checked. Vaccine can be used through the last day of the month indicated by the expiration date unless otherwise stated on the package labelling. Expired vaccine should never be used.

6.13.3. Reconstitution

Some vaccines are prepared in a lyophilized form that requires reconstitution, which should be done according to manufacturer guidelines. Diluent solutions vary; use only the specific diluent supplied for the vaccine. Once reconstituted, the vaccine must be either administered within the time guidelines provided by the manufacturer or discarded.

6.13.4. Filling

Filling syringes in advance is strongly discouraged, because of the increased risk of administration errors, and possible contamination in vaccines that do not contain a preservative. Syringes other than those filled by the manufacturer are designed for immediate administration, not for vaccine storage.

Under no circumstances should MMR, varicella, or zoster vaccines ever be reconstituted and drawn prior to the immediate need for them. These live virus vaccines are unstable and beg into deteriorate as soon as they are reconstituted with diluent.

6.13.5. Implementation of Vaccination Program

6.13.5.1. The Medical Team will plan at the beginning of the year for the campaign and an annual estimated vaccine according to target population is sent to DHA for approval (See Appendix 12).

6.13.5.2. Immunization Program Information will be sent to parents through the School Parent Communicator along with the Principal's letter.

6.13.5.3. Parents who wills to avail the vaccination shall complete the consent form and return it along the with the original vaccination card (See Appendix 13)

6.13.5.4. Following the cold chain, 1 nurse will go to CSC clinic, Jaffilya, to receive the required vaccines in the morning of the campaign. All safety procedures and precautions shall be followed during the vaccination.\

6.13.5.5. A notification form is sent to the parents after the child received the vaccination, indicating the vaccination received by the child. (See Appendix 14)

6.13.5.6. Remaining vaccinations are stored in an appropriate temperature and are returned to CSC centre in the afternoon.

6.13.5.7. Form 3 (Appendix 15) is sent again to DHA nurse, designating the actual consumption during the program.

6.13.6. Vaccines are only to be given in the following circumstances:

6.13.6.1. Consent form is fully completed, signed by parent and dated

6.13.6.2. Student does not have any allergies or contraindications to the vaccine.

6.13.6.3. Student requires a dose of the specified vaccine.

6.13.6.4. Should any of the above not be completed, the vaccine will not be administered.

6.13.6.5. Emergency/ Anaphylaxis kit should be available during all vaccine campaigns.

6.13.6.6. Adverse reaction forms should be available in the instance of a reactions.

6.13.6.7. Students are to be monitored in the clinic for up to 15 minutes after administration of the vaccine to monitor for any adverse reactions.

6.13.6.8. Parents are to be provided information in the form of a letter to go home with the student detailing any side- effects of the vaccine.

6.13.6.9. Vaccine administration is to be noted on the DHA blue immunization cards, original records, and on the immunization booster record. The DHA electronic "Hasana" system should be updated.

6.14. Diabetic Care Management and Glucagon Administration

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

6.14.2. Purpose

6.14.2.1. Students with diabetes must balance food, medications, and physical activity while at school.

6.14.2.2. School nurses coordinate care and educate school staff to provide a safe, therapeutic environment for students with diabetes.

6.14.3. Goal

6.14.3.1. Optimal Student Health and Learning. All school staff members should have to know whom to contact for help. The School Nurse has primary responsibility for emergency administration of glucagon. It will be administered with parent's prior consent after hypoglycemia is confirmed through capillary blood glucose check. The student is to then be transferred to hospital for further assessment.

6.15. Medical Hazardous and Waste Management

School are required to have an agreement with the cleaning facility from the start of the school year.

The Cleaning Company is a handler of hazardous and non-hazardous solid and liquid waste and processes the required skills, knowledge and expertise to provide services to Partnered School in compliance with all laws, guidance rules, standards, policies and codes issued by the applicable authorities in the UAE.Obligations of the Nurse in the Clinic

6.15.1.1. Ensures that waste bins are labelled, and proper waste disposal is observed.

6.15.1.2. Sharp container is be kept above ground level and disposed after 3 months or when it is 2/3 full.

6.15.1.3. Sharp container must be properly labelled with the name of the school, expiry date, staff name and signature after closing it permanently.

6.15.1.4. Nurse notifies cleaning company 24 hours prior to collection of waste and sharp container.

6.15.1.5. Medical waste bags are removed daily.

6.16. Needle Stick Injury

6.16.1. Needle stick injuries are managed as per the Infection Prevention Control Manual of Kings College Hospital. (See Appendix 16)

6.17. Outdoor Heat Exposure

6.17.1. In conjunction with the nurses, primary head and primary key leaders, when the heat index reaches 38 degrees Celsius, primary children may remain indoors for the lunchtime break; secondary students may have indoor physical education (PE) or

reduced outdoor activities. (See KCH-SCH-SOP-026.)

6.18. Fire and Safety Plan

Schools will implement this policy to ensure that students and staff are safe in situations where they must evacuate the school grounds and buildings for their own safety.

This policy applies to employees, parents/students and people visiting the school site. It covers the procedures and personnel responsibilities when the school is required to be evacuated.

Please refer to the respective schools Fire and Emergency Policy and Evacuation Plan.

6.18.1. Procedure:

Staff will be given training by Civil Defense on how to manage in emergency situations. Staff will be safely training in how to use a Fire Extinguisher. (See Appendix 17)

6.18.1.1. In case of fire:

a. Operate the nearest fire alarm immediately.
b. Close the door on the room of the fire.
c. Proceed to the Assembly Area.
d. Notify Principal/Head of fire location.
e. Security Guards to contact Civil Defense Fire Service.

6.19. Child Protection Policy

6.19.1. The School upholds the rights of children for protection from abuse. In accordance to this, we have set up guidelines to follow in cases of suspected abuse.

6.19.2. All action is taken in line with the following guidance: Local Safeguarding Guidelines and Local Child Protection Procedures when they become available. A copy of these documents will be held by the Child Protection Officer. The Childs Rights Law Wadeema's Law was passed by the Federal National Council December 2015.It was signed and took effect last June 15, 2016.

6.19.3. Safeguarding Children in Education and supporting documentation is the framework in which the School should address all matters pertaining to safeguarding and child. Hard copies of these documents are kept in the CPO's office. Staffs are kept informed about child protection responsibilities and procedures through induction, briefings and awareness training.

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

6.19.5. The Child Protection Officer or their Deputy will immediately refer cases of suspected abuse or allegations in accordance with the procedures outlined within this policy.

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

6.19.7. On these occasions' advice will be taken. A statement in the Parent Handbooks will inform parents about our school's duties and responsibilities under child protection procedures.

6.19.8. Parents can request a copy of the Child Protection Policy directly from the school.

7. REFERENCES

7.1. DHA School Health Regulation V4
7.2. Center for Disease Control and Prevention
7.3. Wadeema's Law (June 15, 2016)
7.4. http://www.bsaci.org/about/download-paediatric-allergy-action-plans
7.5. https://www.cdc.gov/parasites/lice/head/treatment.html

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KCH SCHOOL CLINIC STANDARD OPERATING PROCEDURES

Title:	**Hazardous Waste Management as per Dubai Municipality Requirement**
Policy Number:	KCH-SCH-SOP-001
Version Number:	3
Effective Date:	July 2025
Review Date:	July 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Manager
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

1. **PURPOSE/SCOPE:**
   - 1.1 To ensure that all medical waste is removed from the clinic and school premises by Cleaning Staff from school.
   - 1.2 To ensure that all sharps are disposed and collected by the collection team
   - 1.3 To ensure that staff understands the importance of waste and management in preventing and controlling initial infection and cross-infection.

2. **POLICY STATEMENT:**
   - 2.1 Daily collection of medical waste from clinic to main waste bin.
   - 2.2 Monthly collection of medical waste from the main medical waste bin
   - 2.3 Waste bin for medical waste shall be provided by the school management.

3. **GENERAL PROCEDURE (DM Requirement):**

   - 3.1 A disposal service provider will be contracted, and an audit carried out to identify the school's needs
   - 3.2 The medical waste must be packed securely in yellow bag, strictly following the specifications as per UN No. 3291
   - 3.3 All staff handling bags of medical waste should be well trained on handling procedures which includes but not limited to the following:
     - Understanding the special problems related to handling of all types of medical waste is clearly marked on the bag
     - Checking the integrity of the seal of the bags when movement is complete.
     - Knowing the procedure in the case of accidental spillage and to report promptly such incidents
     - Be aware that such wastes should not be re-bagged, except under supervision by a Senior Medical Staff, in the event of a bag failure.
     - The transporter shall ensure the concerned staffs are aware of the proper colour (YELLOW) coding for medical waste specified in the CODE and shall not remove or handle waste which is improperly bagged.

   3.4. Staff handling medical waste should be provided with the use of heavy-duty gloves, industrial apron or leg protectors and industrial "Wellington" boots or equivalent type. Emergency personal protective outfits must always be available in the transport vehicle for emergency spill response. This must include suitable overalls, masks, disposable, gloves and eye protector.

3.4 Medical waste in bags must be transported in closed container and air-conditioned vehicles
3.5 A full course of anti0tetanus, Hepa-B serum and feces carried disease immunization must be considered for all staff carrying out the medical waste handling operations.
3.6 Transporters handling medical waste must have a contingency plan to deal with any spillage and in case when the container of waste is damaged or ruptured.
3.7 Transporters must ensure that sharps wastes shall only be handled if they are contained in a sharp container/special box (UN No. 3291), which meets the following criteria:

- Made of strong, rigid, puncture-proof materials.
- Impermeable and able to be permanently sealed once it is full or ready for disposal)or at intervals of not more than one week)
- Fitted with non-removable lid with an aperture that prevents removal of sharps waste once dropped in the box.
- Preferably yellow I colour and marked with the biohazard symbol and the words "DANGER-USE SHARPS" on the exterior
- Should be of size suitable for handling or carrying single handedly and fitted with a safe handle for that purpose.
- Provision for the generator to clearly mark the sharp box with the name of the institution from which it arises.
- Provision should be made for ability to mark and label any trolleys or container with the name of the institution from which it arises and transporters mut ensure that such marking is carried out.

3.8 Always segregate general and clinic waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinic waste bag.
3.9 General waste and medical waste bins must be emptied frequently and at the end of the day.
3.10 All external bins are stored in designated areas, out of direct sunlight and free from vermin. Lids to all bins must always be kept closed.
3.11 Bin bags must be squeezed to reduce the air and then tied up to reduce the likelihood of unpleasant smells. The lack of air slows down the general decomposition.
3.12 Cleaners should abide to Infection Control Policy
3.13 Personal Protective Equipment (PPE) must be worn where there is a risk of splashing or contamination.
3.14 No waste should be store on main corridors, along fire escape routes or blocking fire exits.

Title:	**Medication Management**		
Policy Number:	KCH-SCH-SOP-005		
Version Number:	3		
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Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Manager		
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Relevant External Requirements:	DHA/JCIA		
Search Keywords:	School Clinic		
Title		Policy Number	Version
School Clinic Policies and Procedures			V3 July 2025

1. **PURPOSE/SCOPE:**
   - 1.1 To ensure that all medication I stored safely and administration of all medicines whether Over the counter or Prescriptive are given in a safe and appropriate way.
   - 1.2 To maintain the health and safety of students/staff by correct administration of medicines that may be needed to promote health, prevent disease and to aid the body to overcome an illness.
   - 1.3 To ensure administered medication are documented appropriately.
   - 1.4 To ensure appropriate forms are completed prior to giving a medication to include authorization and parental consent.
   - 1.5 To ensure medication is properly labelled and stored properly in a secure, safe place.

2. **POLICY STATEMENT**
   - 2.1 Any medication that the student requires during school hours as a part of an acute/chronic illness should be accompanied by prescription note and parental authorization to administer.
     - 2.1.1 The medicines must be in original container within the expiry date.
     - 2.1.2 Over the Counter medication must be brought in with the manufactures original label with the ingredients listed and the child's name affixed to the container
     - 2.1.3 Medication will be stored for the period specified in the instructions received. The quantity of medication stored should not exceed a week's supply except in long term cases.
     - 2.1.4 The school nurse administers medication following the rights of medication
     - 2.1.5 The first dose of any new medication should be taken at home to avoid any allergic reactions
   - 2.2 Each time a medication is administered a record should be kept of who administered it (initials may be used as long as a complete signature that corresponds with the person's initials is noted on the record), to whom it was given, the name of the medication, the time it was given, the dose given, the manner in which it was delivered (e.g., by mouth, in ear)
   - 2.3 Any changes in the type or dosage of the medication or the time it is to be given, should be accompanied by a new medication authorization/parent consent form, and a newly labelled medication container from the pharmacy.
   - 2.4 The school nurse should establish the date when written medication renewals will be required.
   - 2.5 Medications will be stored under lock and key in the clinic.
   - 2.6 All medications will be stored under temperature 24 degrees ad below 60% humidity.
   - 2.7 In the unfavourable event of lack of power supply, the medications will be transferred to fridge until the power supply is back

2.8 All the medication near expiry will be removed before the end of previous month.
2.9 School Nurse to do daily inventory of medicines and document accordingly.

3. ROLES AND RESPONSIBILITIES:

3.1 **Parents/ Guardian & Physician Authorization.**

Prior to administering a medication at school, the parent should:

3.1.1. provide the school with a written authorization from the licensed prescriber that includes the following information; the student's name, name of the medication, dosage, hours to be given, method by which it is to be given, name of the licensed prescriber, date of the prescription, expected duration of administration of the medication, and most importantly, possible toxic effects and side effects. For any changes in medication, the parents must provide a written authorization signed by the licensed prescriber.

3.1.1 Medication must be in original packaging, clearly labeled
3.1.2 Provide a completed parental consent form
3.1.3 Administer the first dose of any new medication, unless the medication is an "in school" medication only.
3.1.4 Transport medication to the school so that the student is not responsible for bringing the medication to school. Unused medication should be picked up by parents within one week of the expiration date. After one week, the medication should be destroyed by the school nurse.

4. ADMINISTRATION:

- THE 7 R's of drug administration will be used at all times when administering medications i.e. Right person, right medication, right time, right route and right dose.
- Medications prescribed or otherwise should be given at home wherever possible; parents are encouraged to set medication times outside of school hours.
- Where home administration is not possible, the school nurse may administer in accordance with the school guidelines.
- The school nurse, or trained staff member designated by the nurse, may administer an EpiPen or Asthma inhaler if necessary, on a school trip if the nurse is present.
- Any injectable medication request from a parent to administer to her child must have a valid consent and prescription.

5. CONTROLLED MEDICATION

- Examples are narcotics, psychotropics are not routinely administered in schools unless necessary
- Requirement for administration
  - Written prescription from a licensed physician is mandatory detailing: student's name, diagnosis, dosage, route, timing, duration
  - Physician's stamp and signature
  - Parental consent must be submitted using DHA-approved forms and renewed periodically
  - First dose of any medication should be administered at home, not at school
- Storage & Handling
  - Controlled medications must be delivered by parents directly to the school clinic (not via students or school transport), store in locked cabinets with retricted access, clearly label in original packaging with student details.
- Emergency medications (e.g. EpiPen, insulin) may be carried by students only with physician (school doctor) and parental approval
- Documentation & Monitoring
  - Every administration must be logged with time, dose, route, staff initials and side effects (if applicable)

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Title:	**Referral Criteria & Patient Transfer**		
Policy Number:	KCH-SCH-SOP-006		
Version Number:	3		
Effective Date:	July 2025		
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Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Manager		
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Relevant External Requirements:	DHA/JCIA		
Search Keywords:	School Clinic		
Title		Policy Number	Version
School Clinic Policies and Procedures			V3 July 2025

1. PURPOSE/ SCOPE:

1.1 To sets out the duty of care in case of a medical emergency wherein a student/staff will require hospital care.
1.2 To sets out proper procedure to ensure safe transport of the patient.
1.3 To provide the mechanism for transfer of records in a confidential manner; to ensure safe arrival of the patient in the facility.

2. POLICY STATEMENT:

2.1 If a critical emergency occurs, the School Nurse shall notify the principal immediately ad ask the school administration or urgently call an ambulance at 998 and to contact the student's parent/guardians.
2.2 If an ambulance is called and a parent/guardian is not available, a school staff member shall accompany the student in the ambulance. The school nurse shall not accompany the student.
2.3 In cases of emergency, the School Nurse is responsible to provide emergency care to students. In such cases, they are not required to obtain parental consent to provide treatment
2.4 If a non-critical emergency occurs, the School Nurse shall notify the principal and ask school administration to contact the parent/guardians. If the parents/ guardians are not accessible, the school administration shall contact the student's emergency contacts as indicated in their file.
2.5 All necessary information regarding the incident and the student's medical history must be communicated by the School Nurse to the responding emergency/ambulance team.
2.6 Proper and accurate documentation must be done in the **Incident/Accident Form** input from witnesses if available.
2.7 The School Nurse must follow up with the parents/guardian regarding he health condition of the student.
2.8 The School Clinic should be equipped with the appropriate medical equipment, supplies, and pharmacological agents which are required in order to provide cardiopulmonary resuscitation, and other emergency services.

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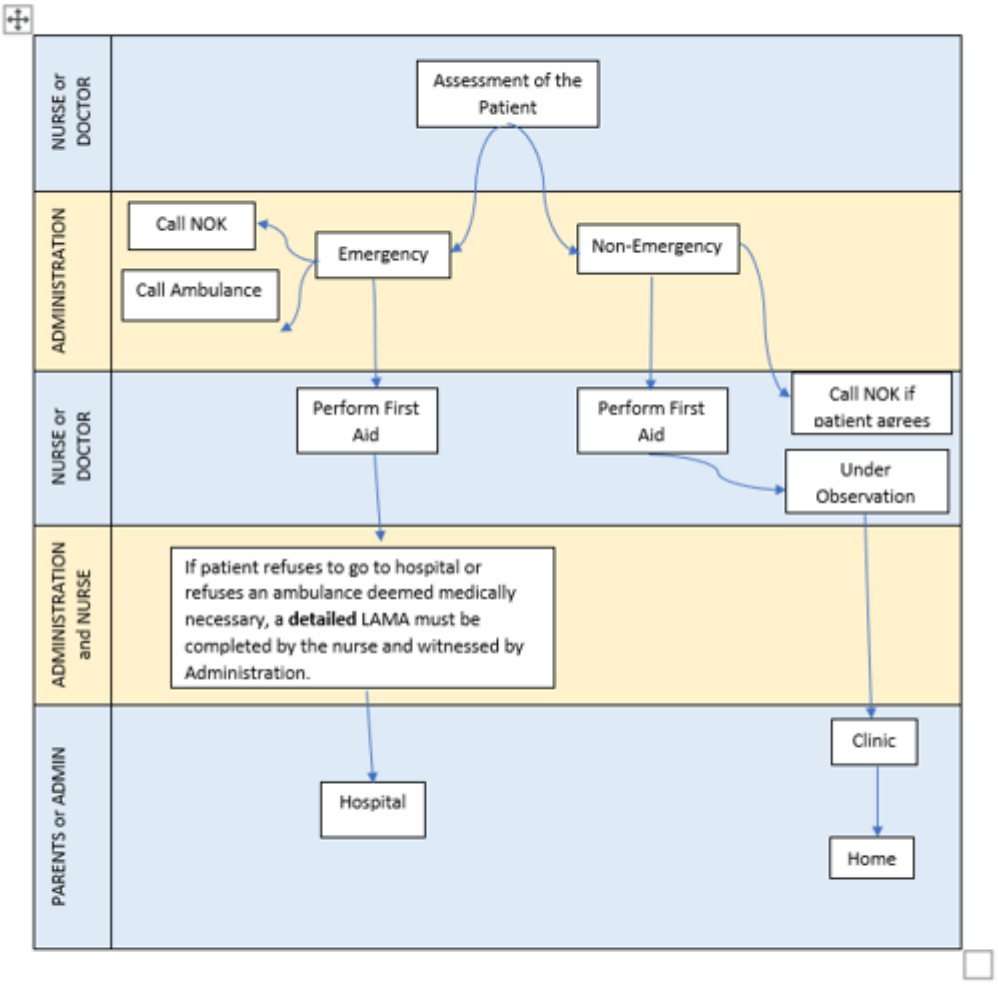
Emergency/Non-Emergency Transfer Protocol Flow Chart
Adult Patient in School Clinics



3. **ATTACHMENT/FORMS**
   3.1 Emergency Transfer Agreement between KCH and School
   3.2 KCH 626 School Clinic Incident form

Title:	**Infection Control Measures**
Policy Number:	KCH-SCH-SOP-008
Version Number:	3
Effective Date:	July 2025
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Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Manager
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Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

1. **PURPOSE**
   - 1.1 To protect student and staff health: reduced the spread of infectious diseases like flu, COVID-19, norovirus, and strep throat
   - 1.2 Minimize absenteeism: Keep students in class and staff at work by preventing outbreaks.
   - 1.3 ~~Promote~~ safe learning environments: Foster trust among families and communities through visible hygiene practices
   - 1.4 Support vulnerable populations: Safeguard immunocompromised individuals and those with chronic conditions.
   - 1.5 Ensure legal and ethical compliance: Align with public health regulations and school health policies

2. **SCOPE**
   - **1.1** Hand hygiene protocols:
     - Regular handwashing with soap and water
     - Use of alcohol-based hand sanitizers when appropriate
   - **1.2** Respiratory etiquette:
     - Covering coughs and sneezes with tissues or elbows
     - Proper disposal of tissues and hand hygiene afterward
   - **1.3** Environmental cleaning:
     - Daily cleaning of high-touch surfaces (e.g. desks, doorknobs)
     - Disinfection protocols during outbreaks or illness spikes
   - **1.4** Health screening and exclusion policies:
     - Guidelines for when student/staff should stay home
     - Monitoring symptoms and notifying parents if illness
   - **1.5** Vaccination promotion
     - Encouraging routine immunizations (e.g. flu shots)
     - Collaborating with public health for on-site clinics if needed
   - **1.6** Ventilation and air quality:
     - Use of HEPA ~~filters~~ or open window to improve airflow
     - Designated isolation areas for symptomatic individuals.
   - **1.7** Education and training
     - Teaching students about hygiene and disease prevention
     - Training staff on infection control protocols and PPE use.

3. POLICY STATEMENT

It is the policy of this educational institution to implement and maintain comprehensive infection control measures that safeguard the health and wellbeing of students, staff and visitor. The school shall adhere to guidelines set forth by the Dubai Health Authority (DHA), Ministry of Education, and global health bodies such as the WHO and CDC. Infections prevention practices-including hand hygiene, respiratory etiquette, environmental cleaning and exclusion protocols-shall be integrated into daily operations. Staff will receive regular training, and students will be educated on hygiene and disease prevention. The school clinic shall monitor illness trends, manage suspected outbreaks, and ensure timely communication with parents and health authorities. All efforts will be made to create a safe, clean and responsive learning environment that minimizes the risk of communicable disease transmission.

4. PROCEDURES

A. Hand Hygiene

- Consists of washing hands with soap and water or use of antiseptic hand sanitizers. There are three distinct hand hygiene activities:
  a. General or routine
  b. Procedural (prior to gowning, gloving or an aseptic procedure)
  As adequate hand hygiene is a major factor in preventing transmission of infectious, it is essential that provision of sufficient and appropriate hand hygiene facilities is considered in the early design stage

  The World Health Organization hand hygiene recommendations for health care worker include
- Use of antiseptic hand sanitizers (AHS) as the preferred means of routine hand cleaning if hands are not visibly soiled.
- Washing hands with soap and water if hands are visibly soiled, if stags have been in contact with spore forming pathogens or when gloves have not been used.

Figure 2: Example of Poster with instruction for Hand Rub

Figure 3: Example of Poster with instruction for Hand Wash

In patient areas, staff will perform hand hygiene at the following five key events:

- Before touching a patient
- Before a clean/aseptic procedure on a patient
- After exposure to body fluids
- After touching a patient
- After touching patient surroundings

Hand Hygiene

B. Antiseptic Hand Sanitizers

The key advantages are:

- AHS's reduce more bacteria on hands than soap and water
- Takes less time to use, (15 to 20 seconds)
- More convenient; easy to install and cost effective (also paper towels are not required)

C. Respiratory Hygiene

The 5 elements of Respiratory Hygiene are:

- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose
- Hand hygiene must be performed after contact with respiratory secretions
- Separation of persons with respiratory symptoms in both common waiting areas and clinical areas when possible
- Patients with respiratory symptoms should be provided with tissues and a waste bag
- Visitors with respiratory symptoms, especially during influenza season, should be discouraged from visiting

D. Personal Protective Equipment (PPE)

PPE must be worn when there is a risk of exposure to potentially infectious material. Before undertaking any procedure, staff must assess the possible risk and ensure the adequate level of protection is taken

Best Practice Point:

- Located and available at the point of use
- Stored in a clean and dry area away from the risk of potential contamination
- Negative pressure anterooms will have their own PPE stock
- High risk areas/high turnover
- Single use PPE must be disposed of into healthcare clinical waste stream after use
- Changed between patients and/or between tasks, based on risk assessment
- Removed after task and never worn in communal areas

Type of PPE

1. Gloves
    - Anticipating contact with blood/body fluid, mucous membranes, non-intact skin and other potentially infectious material
    - Having direct contact with patients who are colonised or infected with pathogens
    - Handling, touching or decontaminating visibly or potentially contaminated patient care equipment and environment surfaces
    - Making up chemicals while cleaning

    Glove selection will either be sterile or non-sterile in clinical areas, depending on the task ahead:

Task:	Glove Selection:
Surgical procedure	Sterile
Sterile procedure e.g. insertion of a central line	Sterile
Non-Sterile procedure with risk of blood or body fluid contamination	Non-Sterile
Equipment cleaning	Non-Sterile
Environment cleaning	Non-Sterile

Best Practice Points:

- Gloves must never be washed or reused
- Gloves must be put onto clean hands and hand hygiene must be performed after removing gloves
- Single gloves are adequate for routine patient care; double gloving may be advised in invasive procedures that pose an increased risk for blood exposure.

2. Apron/Gowns
    - Anticipating contact with blood, body fluids, secretions or excretions
    - During aerosol-generating procedures
    - Having direct contact with patients who are colonised or infecred with pathogens

Aprons will either be plastic aprons or full-body repellent depending on the task ahead:

Task:	Apron/Gown Selection:
Routine care when risk of above anticipated	Plastic Apron (yellow)
Risk of extensive splashing	Full-body fluid repellent gown
Surgical procedure	Full-body fluid repellent gown
Isolation Precautions – (See transmission-based precautions, chapter 2).	

In order to differentiate between clean and unclean tasks, a white apron must be worn for all clean/aseptic tasks and a yellow apron will be used for unclean tasks e.g. the handling of body fluids

3. Eye/Face Protection
    - Worn if blood and/or body fluid contamination to the eyes/face is likely
    - Procedures that generate splashes or sprays of blood, body fluids, secretions, or excretions

4. Masks
    - Potential contact with infectious material from patients e.g. respiratory secretions and sprays of blood or body fluids
    - Engaging in procedures requiring sterile technique to protect patients from exposure to infectious agents carried in a healthcare worker's mouth or nose
    - Placed on coughing patients to limit potential dissemination of potentially infectious respiratory secretions from the patient to others
    - Surgical face masks must be fluid resistant
    - For N95, staff must be fit tested
    - Removed or changed at the end of the procedure/task, if the integrity of the mask is breached, and in accordance with specific manufacturer's instructions

5. Footwear
    - If re-useable shoes must able to withstand decontamination with a 10,000 ppm of available sodium hypochlorite for manual clean.

6. Headwear
    - Worn in clean rooms
    - Completely cover the hair
    - Changed/disposed of between clinical procedures/taks or if contaminated with blood and/or body fluids and removed before leaving a care area where dedicated headwear is used
    - Single use and discarded immediately after use

Appendix 5: PPE Donning & Doffing

E. Care Equipment

The levels of decontamination are:

Cleaning	The physical removal of contaminants. This is the first and most important step in any decontamination process. Items must be dried after cleaning.
Disinfection	Must be cleaned before disinfected. Use a disinfectant solution to reduce the number of viable micro-organisms. KCH Dubai will use universal wipes and or Actichlor Plus, a 2 in 1 solution that will achieve both cleaning and disinfection. For medical devices requiring high-level disinfection that are unable to be reprocessed through CSSD, refer to individual department cleaning schedules
Sterilisation	Items for Sterilisation will be sent to CSSD

Care equipment is classified as either:

1. Single Use
    - Equipment which is used once on a single patient and then discarded
    - Single-use equipment must never be reprocessed or decontaminated
    - Must never be reused, even on the same patient
    - Items must always be checked for expiry dates prior to use
    - Single use equipment can be recognised by the sign

2. Single-Patient Use
    - Equipment which can be re-used on the same patient
    - This equipment must still be decontaminated between each use
    - Once that individual patient is finished with that piece of equipment it must be discarded

- Must never be used on two different people

3. "I AM CLEAN" labels
   - Placed on a commode after every clean and disinfection
   - All patient care equipment stores
   - If rooms are out of use but still have equipment in them, an "I am clean" sticker must be applied
   - Not required for equipment which will be used regularly throughout a shift
   - Items stored in the equipment room must be cleaned as per departmental cleaning schedules as a clean between each use/sequential cleaning schedule
   - Items stored in the equipment room must be cleaned as per department cleaning scheduled and the "I am clean" sticker changed and date

F. Environmental Hygiene and Management

The care environment must be visibly clean, free from non-essential items and equipment to facilitate effective cleaning. It must be well-maintained and in a good state of repair.

Environmental Cleaning:

- In accordance with KCH Healthcare LLC Cleaning Specification
- General purpose detergent must be used

Environmental Disinfection:

- In accordance with KCH Healthcare LLC Cleaning Specification
- Antibacterial surface spray will be used as a general-purpose disinfection
- For specified areas and decontamination of potentially infectious material/spills, a chlorine releasing product must be used
- The area must always be cleaned before disinfecting
- A "2 in 1" cleaning and disinfection product may be used
- 1,000 parts per million (1 tablet in 1 litre) of available chlorine must be used on sanitary fittings for routine disinfection
- For disinfection of isolation rooms and equipment used in isolation rooms, see Transmission Based Precautions
- 10,000 parts per million (10 tablets in 1 litre) of available chlorine must be used for environmental disinfection of blood spills
- A surface contact time of two minutes must be applied for all surface disinfection
- It is the responsibility of the Facilities Management Team to provide adequate storage for both locations

Surface Wipes:

- Universal Clinell surface wipes will be used for routine decontamination of surfaces and care equipment
- Sporicidal Clinell surface wipes must be used for decontamination of surfaces/care equipment that is in contact with a patient who has a spore-forming infection
- When using the sporicidal Clinell wipes, they must be designated to that specific room
- When using the sporicidal Clinell wipes, the sporicidal solution first be activated by running the wipe under water and rubbing together
- Universal Clinell wipes come ready to use
- Expiry dates of Clinell wipes will be managed as per manufacturer's guidelines. Expiry dates are printed on each packet by the manufacturer

- Expiry dates must still be checked when checking storage areas
- All surfaces wipes must have a contact time of 2 minutes
- Wipes must not be used for large surfaces such as mattress
- For larger items, either a general-purpose detergent, general-purpose antibacterial solution, or chlorine releasing agent (depending on the level of decontamination required), with either a disposable or microfiber cloth must be used.

G. Blood and Body Fluid Spillages

Prompt clean and decontaminate spills of blood or other potentially infectious materials in a safe manner. The following principles must be applied:

- If a spill is identified in a clinical area, it is the responsibility of the clinical staff members to clean the spill
- If a spill is identified in a communal area, the staff member must stay with the spill to contain it, and the housekeeping supervisor must be called alerting them to a biohazard pill.
- Use appropriate PPE – Personal Protective Equipment
- A biohazard spill kit is located in the domestic services room
- The biohazard spill kit is located in the domestic services room
- For large surface spills, a chlorine releasing product must be used
- KCH Healthcare LLC will use Actichlor Plus, a 2in1 cleaning and disinfection agent
- 1,000 parts per million of available chlorine (a tablet in 1 litre) must be used to decontaminate body fluid spills
- Always clean and wipe up the spill with disposable paper towels before disinfecting, dispose of these as Clinical Waste
- Never pour Actichlor Plus directly onto the spill
- Disposable cloths must be used for ALL spills

F. Disposal of Waste

Waste and environmental management supports safe practice and safe environment. This will include waste segregation and disposal in accordance with the Emirate of Dubai and Dubai Health Authority. This precaution must be used in alignment with KCH Waste Management Policy, owned by Facilities Management.
Please see the policy on **Waste Management Policy**.

H. Safe Injection Practices

Best Practice Point:

1. Use aseptic technique when working with injections and follow clinical competencies
2. Needles, cannula and syringes are sterile, single-use items
    - Safety device needles/cannulas must be used
    - Needles must be re-sheathed/recapped
    - Use fluid infusion and administration sets (i.e. intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use and within correct timescales as per Manufacturer's Guideline
    - Use single-dose vials for parenteral medications
    - Sharps handling must be assessed, kept to a minimum and eliminate if possible, with the use of approves safety devices
    - Do not administer medications from single-dose vials or ampules to multiple patient or combine leftover contents for later use

- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile and never re-entered
- Multidose vials must be decontaminated prior to needle insertion
- Do not keep medication vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendation; discard if sterility is compromised or questionable
- Follow KCH Healthcare LLC Pharmacy protocols and pathways
- The assembly medication must be performed away from sinks, or other water sources, to avoid splashing and contamination
- Single-use medication trays must be used where possible. Where this is not possible, reusable trays must be added to the sequential cleaning schedules and cleaned appropriately

3. Sharps Disposal

Sharps boxes must:

- Have a temporary closure mechanism which must be in place when the box is not in use
- Be disposed of when the manufacturer' fill line is reached, or every 3months whichever comes first
- Be labelled with point of origin and date of closure
- Always dispose of needles and syringes into the sharps box as a single unit
- If a safety device is being used safety mechanisms must be deployed before disposal
- Be changed immediately after use during an emergency
- Must remain empty on emergency trollies, safe and ready for use for the next emergency

Needlestick Injury/Occupational Exposure:

- A percutaneous injury e.g. injuries from needles, instruments, bone fragments, or bites which break the skin
- Exposure of broken skin (abrasions, cuts, eczema, etc)
- Exposure of mucous membranes including the eye from splashing of blood or other high risk body fluids.
- Staff must report all sharps injuries and near misses to line managers/employer and document on KIRS

Needlestick Injury

- Staff must immediately wash and irrigate the area thoroughly
- Staff must then cover the area
- Staff must report to the emergency department equipped with the details of the injury and the patient/instrument details
- The emergency department Physician will complete a risk assessment
- If blood save is required from the staff member, it will be taken in the ED and followed up by Occupational Health
- If blood save is required from the patient, the attending Physician in that area must gain consent and communicate with the patient
- Not all patients and staff members require blood t be taken and creeped – this will be determined by risk assessment

An aide-memoire flow chart has been developed for staff reference to ensure the correct procedure is followed for needlestick injury.

Transmission Based Precaution

When caring for a patient with a known or suspected infection, it is important that practice is enhanced to Transmission Based Precautions. These must be used in addition to Standard Infection Control Precautions. The level of precaution to be implemented is dependent on the route of transmission of the known or suspected pathogen. Isolation precautions require will be displayed on posters on the patient doors. The posters will only outline the precautions requires, not the infection, for confidentiality reasons.

Modes of Transmission:

1. Contact – when infection is transferred from person-to-person via indirect contact (e.g. contaminated object)
2. Enteric – as above, however applicable t infection of the intestine. There may be wide-spread spore contamination present
3. Droplet – respiratory droplets carrying infectious pathogens that transmit infection from the respiratory tract to susceptible mucosal surfaces generally over short distances. 3feet around the patient is considered risk
4. Airborne – aerosols from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerolos penetrate the respiratory system to the alveolar level

Isolation Precautions:

Transmission based precautions (TBP) must be implemented based on risk assessment of the above. The category of precautions will depend on the suspected or known infection. All Standard Infection Control Precautions must be implemented with the additions for each isolation precaution outlined below:

Contact Precautions:

Patient Placement

- Avoid placing patients near patients who have conditions that may increase the risk of adverse outcome from infection or that may facilitate transmission (e.g. those who are immunocompromised, have open wounds, or have anticipated prolonged lengths of stay)
- When possible try to designate assigned staff to care for those with infection
- In ambulatory care settings, place patients who require Contact Precautions in an examination room or cubicle as soon as possible
- When transport or movement is necessary, ensure that infected or colonised areas of the patient's body are contaminated and covered if possible.

PPE

- Don gloves upon entry to the room if taking part in clinical care/patient care task
- Don apron upon entry into the room if taking part in clinical care/patient care task
- Remove apron and gloves and complete hand hygiene before leaving the patient-care environment
- Apron and gloves are not required upon entry to the room, if no clinical care/patient care task is being provided (e.g. delivering food/drinks, conversation with the patient/family)
- Hand hygiene mut always be performed upon entry and exit
- Remove and dispose of contaminated PPE into the clinical waste stream and perform hand hygiene prior to transporting patients on Contact Precautions
- PPE is not required for transportation
- Visitors are not required to wear PPE unless taking part in direct patient care, however visitors must comply with hand hygiene

Enteric Precautions:
Hand Hygiene

- Alcohol gel can be used prior to patient care
- Hands must be contaminated with soap and water for all other moments
- Visitors must be encouraged to wash hands with soap and water before leaving

PPE

- PPE must be donned upon entry to the room, due to risk of widespread spores from diarrhea illness/vomit

Environmental Hygiene

- Wipes used for daily cleaning must be changed to sporicidal wipes.

Droplet Precautions:
Patient Placement:

- Isolate patients with respiratory symptoms as soon as possible, do not wait for laboratory culture
- When possible, keep medical devices and equipment at least 3 feet away from the patient
- Limit patient transport to medically necessary procedures
- If the patient is required to be transported, encourage couch etiquette and place surgical mask on patient
- Staff do not have to wear a mask on transportation, hand hygiene mut be performed.

PPE

- Don a mask upon entry into the patient room or cubicle
- If taking part in clinical/patient care task, apron and gloves must be donned
- If Aerosol Generating Procedures are anticipated, don gloves and full-length isolation gown and change to a N95 respirator mask
- Visitors will be required to wear a mask if coming into close contact with the patient and must be asked to leave the room during aerosol generating procedures.

Airborne Isolation
Patient Placement

- Isolate patients in a negative pressure room with the door closed
- Limit unnecessary entry and persons to the room
- Instruct patients transport t medically necessary procedures. If the patient is required to be transported, place a surgical mask on the patient. A N95 respirator must be worn by an infectious patient.
- Explain risks of entry to visitors and restrict mut be worn upon entry to the room

PPE

- An appropriately fitted N95 respirator mask must be worn upon entry to the room
- Don/Doff PPE in the negative pressure anteroom
- Full-length isolation gown and gloves must be worn upon entry to the room
- Visitors are required to wear a surgical mask and must be asked to leave the room during aerosol generating procedures
- Visitor must not then visit any other patients in the hospital

Additions for all TBP':
Care Equipment:

- Use single-use items if possible
- Reusable non-invasive care equipment should be dedicated to the isolation room and decontaminated prior to use on another patient

Environmental Hygiene:

- The environment must be decontaminated daily using a combine detergent and disinfectant with 1,000 parts per million of chlorine available. KCH Healthcare LLC will use Actichlor Plus, a 2in1 cleaning and disinfection solution
- For decontamination of the environment when the patient has either vacated the room or symptoms have resolved a full terminal clean must be performed
- Curtains must be changed during terminal clean
- For resolved infections, when the patient is still expected to remain in hospital, a terminal clean must still be carried out. When possible, move the patient to a clean room then carry out the terminal clean of the previously occupied room. Work in conjunction with the Lead IPC Nurse and Duty Manager to assist in this

Attachment/Forms:

4.1 KCH-SCH-SOP-027 Stay Home Policy
4.2 KCH 625 School Clinic Infection Control Checklist

References:

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://services.dha.gov.ae/tahpi-app/HealthFacilityGuidelines/Guidelines/FileContent/Preview/DHAHFG/Part%20D_2%20-%20Hand%20Hygiene

KCH Infection Control Prevention Manual

Title:	**Vaccination**		
Policy Number:	KCH-SCH-SOP-011		
Version Number:	3		
Effective Date:	July 2025		
Review Date:	July 2027		
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager		
Reviewing/Endorsing committees:	Governance Committee		
Relevant External Requirements:	DHA/JCIA		
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Title		Policy Number	Version
School Clinic Policies and Procedures			V3 July 2025

1. **PURPOSE/SCOPE**
   1.1 To ensure all students are fully vaccinated as per the National Program Schedule outlined by Dubai Health Authority.
   1.2 To provide standards for routine immunization regulation throughout Schools affiliated with KCH.

2. **POLICY STATEMENT:**
   2.1 **Administrative**
   2.1.1. Original vaccination records are to be provided upon consenting the school to give jabs to the student.
   2.1.2. It is mandatory from DHA for parents to submit an updated Vaccination Record of their child upon admission.
   2.1.3. If parents are not willing their child to be vaccinated at school, a copy is needed.
   2.1.4. It is up to the school management team is student are not accepted into the school due to lack of vaccines or parents not willing to vaccinate their children.
   2.1.5. Vaccine records will be placed in the DHA medical file of the student and wrote in the chart under Immunization Record.
   2.1.6. A record of students who are due to receive vaccinations is maintained and updated throughout the school year.
   2.1.7. A record of students who have refused vaccination is maintained and updated throughout the school year. Parent who refuse vaccinations are to sign the refusal of vaccination letter ad have it visible on the chart.

   2.2 **Vaccine Campaigns**
   2.1.8. The school clinic is to offer DPT/IPV, DTaP/IP,MMR, Td, Varicella, hep B and OPV vaccine campaigns throughout the school year o students free of charge.
   2.1.9. Form 1 is to be completed and sent to DHA nurse prior to the start of the school year outlining the estimated amount of vaccines required by the school for the year. Form 2 is to be sent 2 weeks before the campaign, including a more specific number of vaccines needed and form 3 is to complete when the consents are returned, and you have the exact amount of vaccines needed.
   2.1.10. One nurse will go to the DHA pharmacy to receive the require vaccines the morning of the campaign and return them at the end of the day. Vaccines are to be stored in a cool environment within the school clinic until they can be returned.
   2.1.11. Immunization consent forms are to be sent to parents two weeks prior to the campaign date. This form outlines which vaccine the student is to receive. Parents must complete the forms fully and return them to the school prior to the campaign.

2.1.12. School Nurses has to maintain list of students who has refused the vaccination and the Refusal Form has to be kept in the Student's Medical File

2.1.13. Vaccines are only to be given in the following circumstances:
2.1.13.1. Consent form is fully completed, signed by parent and dated
2.1.13.2. Student does not have any allergies or contraindications to the vaccine
2.1.13.3. Student requires a dose of the specified vaccine

2.1.14. Emergency/Anaphylaxis kit should be available during all vaccine campaigns.

2.1.15. Adverse reaction form should be available in the instance of a reaction. Students are to be monitored in the clinic for up to 15minutes after administration of the vaccine to monitor for any adverse reactions. Adverse reactions must be notified to DHA.

2.1.16. Parents are to be provided information in the form of a letter to go home with the student detailing any side effects of the vaccine and outlining which vaccine was administered.

2.1.17. Vaccine administration is to be noted on the DHA blue immunization cards, original records, and on the immunization booster record. These are to be provided to student when they transfer schools or leave Dubai to keep with their records.

2.1.18. The school doctor should be present during vaccine campaign if possible, to help assist the nurses during the campaign.

2.1.19. At the end of the day, any unused vaccine, syringes, needles or supplies are to be returned to the DHA Pharmacy they were picked up from before 2:30pm.

2.3 **Refusal of Immunization**

2.3.1 For parents who wish not to receive vaccines in school, the school nurse is to ensure these children are fully vaccinated. If not, the school nurse is to notify parents when the child is due for a booster.

- For additional information, please refer to Immunization Guideline Version 3

A. Adverse Drug Reaction Reporting Form

Appendix 3

حكومة دبي
GOVERNMENT OF DUBAI

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

Adverse Drug Reaction Reporting Form

Ref No.	

Patient Data							
Name		Gender	☐ M ☐ F	Nationality		PID	
Diagnosis		Age/DOB:		Weight			
H/O Allergy	☐ NO ☐ YES, specify:						
History of pre existing medical problem							
History of ADR							

Event Details					
Health center		Location		ADR reported by	
Event Date / Time	/ hrs		☐ In HC ☐ Outside HC		
Drug / vaccine (Name)		Manufacturer			
Route	Dose	Frequency		Duration	
List of Drug / Vaccines taken (past 3 months)	1)				
	2)				
	3)				
	4)				
	5)				

Adverse Reaction Summary (to be filled by Physician)	
Description of Adverse Drug / Vaccine Reaction	

Suspected cause	
☐ Overdose	☐ Medical Device
☐ Idiosyncrasy	☐ History of ADR
☐ Metabolic enzyme defects	☐ Concomitant Drug Therapy
☐ Abnormal patient factors	☐ Unknown
☐ Other (specify)	
Immediate action taken to treat ADR	
Preventive measures taken to prevent reoccurence	
Outcome ☐ Recovered	☐ Not Recovered

1/2

Appendix 3

GOVERNMENT OF DUBAI

هيئة الصحة بدبي
DUBAI HEALTH AUTHORITY

Seriousness of the Reaction	
☐ Death	☐ Life threating
☐ Hospitalization	☐ Disability
☐ Congenital anomaly	☐ Required intervention to prevent impairment /damage
☐ Other (specify):	

Personnel involved (check all applicable)				
☐ Nurse	☐ Pharmacists	☐ Physician	☐ Patient (himself)	☐ Other (specify)

Name of Attending Physician		Staff No.	
Position		HC / Section	

All Staff are encouraged to report Adverse Drug Reactions of Drugs
Blame Free Culture is maintained in DHA

Title:	**Patient Notification**		
Policy Number:	KCH-SCH-SOP-012		
Version Number:	3		
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Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager		
Reviewing/Endorsing committees:	Governance Committee		
Relevant External Requirements:	DHA/JCIA		
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Title		Policy Number	Version
School Clinic Policies and Procedures			V3 July 2025

1. **PURPOSE**
   To ensure timely, transparent, and respectful communication between school healthcare staff and parents/guardians regarding student health concerns, incidents and medical interventions during school hours.

2. **SCOPE**
   Applies to all students, parents/guardians, school nurses, doctors, administrative staff, and relevant personnel involved in student health management

3. **POLICY STATEMENT**
   3.1 Maintain close communication with parents through Emails, School Websites, Communicator, Notice Boards, or class representatives.
   3.2 For Minor injuries such as cuts, abrasions, bumps, etc., - a parent note will be sent out to parents indicating the treatment done in the clinic. Teachers will also verbally inform the parent/guardian during pick up time about the nature of the incident.
   3.3 The School Nurse will call parents if
   2.3.1. the child needs to be sent home due to illness
   2.3.2. The child needs oral medication
   2.3.3. the child has an injury that is a concern
   3.4 If a critical emergency occurs, the School Nurse shall notify the Principal/ Head of Primary/Head of Secondary immediately and ask the school administration to urgently call an ambulance at 998 and to contact the student's parent/guardians
   3.5 If a non-critical emergency occurs, the School Nurse shall notify the Principal/Head of Primary/Head of Secondary and ask school administration to contact the parents/guardians. If parents/guardians are not accessible, the school administration shall contact the student's emergency contact as indicated in their file.
   3.6 Proper and accurate documentation must be done in the Incident Form with input from witnesses if available
   3.7 The School Nurse must follow up with the parent/guardian regarding the health condition of the student.
   3.8 For any complaints and appeal procedure on medical issues, consult the School Nurse.

4. **ATTACHMENT/FORM**
   4.1 KCH 626 School Clinic Incident form
   4.2 KCH School Clinic Reporting Categories

Categories	Severe	Major	Minor
Medical	• Cardiac Arrest • Anaphylaxis • Seizure • Choking • Chest Pain with breathing difficulties • Unconscious student • Hypoglycaemia <45 mg/dl • Sepsis	• Difficulty in breathing • Severe abdominal pain/ RIF pain • >3 vomiting episodes in 30 minutes • >3 episodes of loose stools in 30 minutes • Mild hypo/hyperglycaemia <60mg/dl • Epistaxis >15 minutes • Fever > 38.5 • Human/ Animal bites • Heat stroke/out	• Mild headache • Fever <38.5 deg. • Epistaxis, well controlled • Constipation • Insect bites • Headlice • Mild eczema/ skin rash • Nausea <3 vomits in 30 minutes <3 loose stools in 30 minutes • Epigastric pain • Red/ itchy eye, not related to FB • Cough • Sore Throat • Earache- not related to FB • General body pains
Injuries	• Fractures, open/ closed • Dislocation • Major haemorrhage • Drowning • Loss of Consciousness due to head injury • Poly trauma	• Immobile child/ neck injury • Swallowed/ inhaled foreign body • Blunt trauma, by force or object • Burn >5 % (greater than child's hand) • Dental/ facial injury (loss of tooth • Excessive bleeding • Laceration > 2cm • Assault- by pupil • Nail bed injury- where nail has avulsed.	• Eye graze/ corneal abrasion • Minor injury to single limb/ digit • Grazes • Bruises • Minor head injury with no wounds & <2cm haematoma • Foreign body in eye, ear, nose, skin (e. splinter • Small scald (redness to the skin)

Safeguarding	• All injuries suspected or known to be related to abuse/ suspected abuse of a child not limited to; - burns, bruising, lacerations, bite marks, grab/ hold marks/ cigarette burns.		
Isolation/ Communicable diseases	• Positive COVID 19 • Polio • Anthrax • Botulism • Choler • Diphtheria • Food borne illness- food poisoning (ecoli) • Influenza Avian • Measles • Mumps • Meningitis • Nipah Virus • Plague • Rabies • Rubella	• Isolated COVID Cases, sent for PCR & home isolation • Dengue Fever • Hepatitis A • Salmonella • Hepatitis E • HIV positive • AIDS • Influenza A • Malaria • Leprosy • Whooping Cough • Pulmonary TB • Tetanus	• Ascariasis • Brucellosis • Chicken Pox • Syphilis • Cytomegalovirus • Encephalitis • Food borne- typhoid • Gonococcal • Hep B/C/ D • Herpes Zoster • Infectious Mononucleosis • Influenza
Psychosocial	• Any behavioural changes noted due to suspected safeguarding incidents	• Anxiety/ Panic Attacks • Bullying	• Tearful child • Family issues • Settling into school issues

- Incident Forms for school trip/activity outside school premises should be completed and filled in at the time of the Incident
- Please endorse incident to the school nurses & return First Aid Kit
- Ensure a copy in the students medical file, and an email sent to SLT & H&S
- All IR's should be reviewed by H&S within 48 hours also.

Section A: General Information (Injured Party/Complainant)		
Last Name:		**First Name:**
DOB:		
Staff ☐	Student ☐	Visitor ☐
Outsourced Staff ☐	Parents ☐	
Department/Year Group:		Position (If Applicable):

Section B: Description of the Event		
WHEN	Date:	Time of Event:
		Time Reported:
WHERE		Location:
WHAT HAPPENED? (Description of the event and how it occurred)		
INJURED SUSTAINED (Description of injury, including parts of the body affected)		

Was First Aid Administered? ☐ Yes ☐ No ☐ If Yes, by whom

If Yes, Please List First Aid Equipment Used- ie Bandages, Splint e.c.t

Form completed by: **Designation:** **Date & Time:**	**Contact Number:** **EXT:**

Section C: Details of Injury and Treatment

☐ Sprain ☐Bruise/Swelling ☐Cuts/Scratches ☐Puncture Wound ☐Fracture
☐Dislocation ☐Scalds/Burns ☐Concussions ☐Shock ☐Internal Injury
☐Eye Injury ☐ Medical Concern ☐ Fever ☐ Vomiting ☐ Allergic Reaction ☐ Diahorrea ☐Other (Please Specify):

Treatment Type: ☐ Emergency Hospital Referral ☐ Non- Emergency Hospital Referral ☐ First Aid

Actions: ☐ Returned to Event ☐ Sent Home ☐ Ambulance Called

Details of Treatment: (Full detailed explanation, including vitals and medications given)
WITNESS(ES) Name: Designation: Email Address:

Title:	**Laundry Services Policy**		
Policy Number:	KCH-SCH-SOP-015		
Version Number:	V3		
Effective Date:	July 2025		
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Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager		
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Relevant External Requirements:	DHA/JCIA		
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1. **PURPOSE**

1.1 The purpose of this policy is to set out the procedures which must be taken to minimise the risk of infection by making staff aware of the correct procedures for categorisation, segregation, transportation and handling of linen so that the risk of potential cross-infection is minimised.

2. **DEFINITIONS/EXPLANATION OF TERMS USED**

The definition of linen for the purposes of this policy includes sheets, pillowcases, towels, duvet covers, blankets, counterpanes and patient clothing.

2.1 **Categories of school clinic linen**

2.1.1 Clean and unused linen: Linen that has not been used since it was last laundered.

2.1.2 Used linen: All used linen not classified as contaminated.

2.1.3 Contaminated linen:

2.1.3.1 Soiled with body fluids including urine / blood / vomit / faeces

2.1.3.2 Known infected linen

This system of categorisation applies when either the items are being laundered at the Trust's Tickhill Road Site laundry or by Laundry Contractors (where applicable).

3. **SCOPE**

3.1 This policy is applicable to all staff and managers / supervisors of staff who in the course of their work will be involved in the handling, transportation, labelling, washing and processing of linen and, where applicable, patients clothing.

4. **RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

4.1 **School Nurses:** It is the responsibility of Nurses to make their staff aware of this policy in order to promote good practice and therefore reduce the risk of infection from the handling, transporting and laundering of linen.

4.2 **All staff involved in the handling, transportation, labelling, washing and processing of linen.**

It is the responsibility of staff involved in the handling, transportation, labelling, washing and processing of linen to:

4.2.1 Follow the procedures set out in this policy.

4.2.2 Be aware of and follow the relevant local procedures for their specific locations/geographical areas of work.

4.2.3 Categorise, segregate and dispose of linen as per this policy.

4.2.4 Be accountable for their own practice and always act to promote and safeguard patients, staff and visitors from the potential risk of cross infection from used linen.

4.2.5 Ensure all patient clothing, hoist slings and slide sheets are clearly labelled before putting into the laundry system.

4.3 **Waterproof pillows, bedsheets and duvets**

4.3.1 Waterproof pillows and duvets must not be sent to the laundry for laundering. All pillows and duvets must be covered by an impervious waterproof cover with welded not stitched seams. If the pillow or duvet becomes soiled or damaged, it must be discarded and recorded as condemned.

4.3.2 All pillows and duvets must be marked with the ward or area name in permanent marker pen.

4.3.3 All pillows and duvets are to be cleaned by hand at ward level using the appropriate disposable cleaning wipe, in line with manufacturer instructions.

4.4 **Curtains and soft furnishings**

4.4.1 Curtains in clinical areas must be laundered routinely on a six-monthly basis and when incidentally soiled or potentially contaminated through contact with an infectious patient. Any curtains purchased for clinical areas must be machine washable or be of the disposable type. Curtains must be labelled indicating when the next six-monthly routine clean should take place.

4.4.2 Within clinical areas soft furnishings, such as chairs, must be purchased with wipe clean, fluid repellent upholstery, advice should be sought from the Infection Prevention and Control Team. Any chairs that become stained/soiled must be steam cleaned or discarded as soon as possible.

4.5 **Containment of soiled, infected or contaminated laundry items**

4.5.1 The use of red soluble bags to contain soiled, infected and contaminated laundry items is vital to minimise the risk of infection.

4.5.2 If such items are not contained securely on arrival at the ~~Laundry~~ the originating area will be contacted and asked to attend the laundry department to deal with and render safe any items. An incident form will be completed by the Laundry following any such occurrence.

Title:	**Incident Reporting Policy**		
Policy Number:	KCH-SCH-SOP-016		
Version Number:	2		
Effective Date:	July 2025		
Review Date:	July 2027		
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager		
Reviewing/Endorsing committees:	Governance Committee		
Relevant External Requirements:	DHA/JCIA		
Search Keywords:	School Clinic		
Title		Policy Number	Version
School Clinic Policies and Procedures			V2 July 2025

1. POLICY STATEMENT

1.1 The school is committed to enforce all health and safety guidelines to avoid such occurrences and expects employees to comply. However, accidents are sometimes inevitable. Our provision in this case is to ensure all accidents are reported timely so they can be investigated properly, and preventive measures can be reviewed and reinforced.

2. ACCIDENT AND INCIDENT PROCEDURES

2.1 **What is the difference between an accident and an incident?**

2.1.1 An **accident** is an unfortunate event or occurrence that happens unexpectedly and unintentionally, typically resulting in an injury, for example tripping over and hurting your knee.

2.1.2 An **incident** is an event or occurrence that is related to another person, typically resulting in an injury, for example being pushed over and hurting your knee.

2.2 **Dealing with Accidents or Incidents to Children**

2.2.1 We keep written records of all accidents, incidents or injuries to a child together with any first aid treatment given. Any event, however minor, is recorded by completion of an Accident/Incident Report" and the procedure is the same for both types of events as follows:

2.2.1.1 An accident/ Incident Report is completed by the member of staff who witnessed the event.

2.2.1.2 The IR/AC includes the child's name, the date of the incident or accident, the initials of the member of staff who completed the report and of countersign practitioner who also carries out the final checks on the report before filing it away.

2.2.2 The following information is recorded on the Accident/Incident Report:

2.2.2.1 Whether it is an accident or incident being reports

2.2.2.2 Full name of child

2.2.2.3 Child's date or birth

2.2.2.4 Date of accident or incident

2.2.2.5 Time of accident or incident

2.2.2.6 Name and signature of person who dealt with the accident or incident

2.2.2.7 Description of accident or incident

2.2.2.8 Description of care given

2.2.2.9 Name of person who gave care (school Nurse or school Doctor)

2.2.2.10 Description of Injury

2.2.3 Position of the injury illustrated on the body map

2.2.3.1 Witness signature (only if witnessed)

2.2.3.2 Counter signature

2.2.4 It is then that member of staff's responsibility to ensure that the parent or carer is informed about the accident or incident.

2.2.5 It is the responsibility of the nurse to check that all Accident/Incident Reports have been accurately completed, signed appropriately o the day and then filed.

2.2.6 Once completed and checked, Accident/Incident Reports are fileD on the child's Medical Health Record.

2.2.7 We regularly review the Accident/Incident File to ensure that any issues are addressed.

2.3 Dealing with Accidents that are not witnessed

2.3.1 The above procedure applies but with the following change:

2.3.1.1 If the accident, incident or injury has not been witnessed by a member of staff or other adult, then the member of staff dealing with the accident must gain an account of what happened from the child, and any other. If they are able to verbalise this or communicate in any other way. The member of staff must record the child's account of events on the Accident/Incident Report and clearly state that the accident was not witnessed

2.4 Dealing with Prior Accidents or Incidents to Children

2.4.1 A "prior Accident or Incident "is an accident or incident that happened outside the setting that has caused and injury or the seeking of medical advice.

2.4.2 A prior Accident/Incident Report is completed by the parent or carer each time they notify a member of staff about an accident or incident which has not happened in pre-school. The report is signed by the parent or carer and countersigned by a qualified practitioner.

2.4.3 The following information is recorded on the Prior Accident/Incident Report:

2.4.3.1 Whether it is an accident or incident being reported
2.4.3.2 Full name of child
2.4.3.3 Child's date of birth
2.4.3.4 Date of accident or incident
2.4.3.5 Time of accident or incident
2.4.3.6 Description of accident or incident
2.4.3.7 Description of care given
2.4.3.8 Description of injury (if applicable)
2.4.3.9 Position of the injury illustrated on the body map
2.4.3.10 Signature of Nurse
2.4.3.11 Counter signature (witness or MD)

2.4.4 **Incident Book/Log**

We keep an "Incident Book" for recording all of the incidents and dangerous occurrences detailed below, including those that are reportable to the HSE as above The Incident File is not for recording issues of concern involving a child. This is recorded in the child's Personal File (red file).

Title:	**Managing HASANA**		
Policy Number:	KCH-SCH-SOP-017		
Version Number:	3		
Effective Date:	July 2025		
Review Date:	July 2027		
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager		
Reviewing/Endorsing committees:	Governance Committee		
Relevant External Requirements:	DHA/JCIA		
Search Keywords:	School Clinic		
Title		Policy Number	Version
School Clinic Policies and Procedures			V3 July 2025

1. **PURPOSE:**
   To ensure the effective use, data integrity, and security of the HASANA System for public health surveillance, immunization tracking, and outbreak management across Dubai's healthcare ecosystem

2. **SCOPE:**
   This policy applies to KCH School Clinics, professionals, and administrative staff authorized to access and manage data within the HASANA System.

3. **KEY POLICY & GUIDELINES**
   - Data Entry & Accuracy
     - All demographic and immunization data must be entered accurately, including Emirates ID, date of birth, and vaccination history
     - Historical vaccination records must be uploaded and verified for completeness
   - Access & Authorization
     - Only DHA-approved personnel (e.g. nurses, physicians, school health staff) may access the system using secure credentials
     - Passwords and login details must be kept confidential and updated regulary
   - Disease Surveillance & Reporting
     - All communicable diseases must be reported promptly though HASANA
     - Outbreaks must be investigated and documented using the system's integrated tools
   - Student Health Management
     - Schools must maintain up-to-date immunization records for all students.
     - Transferring student's health data should be accessible to receiving institutions via HASANA
   - Preventive Care Planning
     - Facilities must use HASANA to plan and monitor immunization campaigns
     - Post-vaccination ide effects and chronic conditions should be tracked within the system
   - Data Security & Compliance
     - All data must be handled in accordance with DHA's privacy and cybersecurity protocols.
     - Regular audits and compliance checks will be conducted to ensure system integrity

4. POLICY STATEMENT

1.1 **HASANA** is an electronic public health system to monitor and manage infectious disease and epidemics called immunity by linking public and private health care institutions in Dubai and their partners with a unified system for managing vaccines, reporting disease and managing infectious disease outbreaks.

1.2 **Aim:**

1.2.1 The system aims to support professional in preventive health in Dubai, where the system will enable them to monitor:

1.3 **Vaccination management:** management of vaccination schedules and immunization records, planning and tracking of important immunization data, monitoring of post-vaccination side effects and management of national immunization campaigns.

1.4 **Management of communicable diseases and epidemics:** investigation mechanisms, monitoring of health interventions, management of outbreak and outbreak information.

1.5 **Benefits of HASANA Program:**

1.5.1 Improve preventive patient care by providing standardized immunization records in all health care institutions and enabling users to add all data related to vaccinations such as sensitives and chronic diseases.

1.5.2 Support doctors and nurses in schools with the tools to plan vaccination campaigns, reduce the workload of staff, and allow them to direct their efforts to care for the health of students.

5. REFERENCE GUIDELINE

5.1 For Client Upload:
https://www.dha.gov.ae/hasana/Quick%20Reference%20Guides/Client%20Upload-%20QRG%20v1.1.pdf

5.2 For Document Upload
https://www.dha.gov.ae/hasana/Quick%20Reference%20Guides/Document%20Upload-%20QRGs%20v1.1.pdf

5.3 Immunization for School
https://www.dha.gov.ae/hasana/Quick%20Reference%20Guides/Immunization%20for%20Schools-%20QRGs%20v1.1.pdf

Title:	**Reprocessing of Reusable Equipment**
Policy Number:	KCH-SCH-SOP-018
Version Number:	V3
Effective Date:	July 2025
Review Date:	July 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

1. **POLICY STATEMENT**

To determine the level of decontamination required for a particular medical device, it is important to understand the differences between cleaning, disinfection and sterilization.

1.1 **Cleaning:** the physical removal of body materials, dust or foreign material. Cleaning will reduce the number or microorganisms as well as the soils, therefore allowing better contact with the surface being disinfected or sterilized and reducing the risk of soil being fixed to the surface. Removal of soil will reduce also the risk of inactivation of a chemical from an item to the extent necessary for further processing or for intended use.

1.2 **Disinfection:** the destruction or removal of microorganisms at a level that is not harmful to health and safe to handle. This process does not necessarily include the destruction of bacterial spores.

1.3 **Sterilization:** the complete destruction or removal of microorganisms, including bacterial spores.

1.4 **Sterility:** State of being free from viable microorganism

1.5 **Sterilization:** validated process used to render a product free from viable microorganisms.

2. **POLICY FOR THE LOCAL DECONTAMINATION OR REUSABLE EQUIPMENT ACCORDING TO THE SPAULDING CLASSIFICATION**

Risk Category	Recommended level of decontamination	Examples of medical devices
High (critical) Items that are involved with a break I the skin or mucous membrane or entering a sterile body cavity	Sterilization	Surgical instruments, syringes, needles
Intermediate (semi-critical) Items in contact with mucous membranes or body fluids	Disinfection (high-level)	Bedpans, urine bottles
Low (non-critical) Items in contact with intact skin	Cleaning (visibly clean)	Blood pressure cuffs, stethoscopes

3. ESTABLISHING THE METHOD TO BE USED

Questions to be asked	Assessment to be carried out
1. What is the purpose of the device	Is it an invasive device
2. Manufacturer's reprocessing instructions	In contact with mucous membranes, skin, body fluids or potentially infectious material Table 2 will assist in assessing the level of decontamination required
3. Can the item be reprocessed?	Can it be cleaned properly and does the SD have the available resources for cleaning and sterilizing the item?
4. Are the resources and facilities required for cleaning, disinfection or sterilization available locally?	Look at what is available. If possible, do not compromise on the level of decontamination required due to lack of resources/facilities
5. How soon will the device be needed?	Can the item be sent to a central department for processing, such as an SSD, or does it have to be processed at the point of use? Are there sufficient devices for the number of patients requiring its use?

4. Cleaning (reprocessing) Equipment

Provision must be made for the following equipment in the wash (dirty) room as follows:

4.1 Table or surfaces for registering and sorting the devices.
4.2 Sinks for manual cleaning and disinfection- double sinks with flat surfaces on either side to allow the devices to dry.
4.3 Cold water jet guns
4.4 Medical quality air used in the health care facility
4.5 Sluice as dispenser or organic matter; and
4.6 Shelves (open slatted or wire racks) for storage of chemicals and cleaning items.

Hand hygiene wash basins (at least one) should be located at a visible and convenient place, preferably at the entrance to the wash area, and should be supplied with mixes taps, liquid soaps and paper towels.

Title:	**Business Continuity Policy**	
Policy Number:	KCH-SCH-SOP-019	
Version Number:	3	
Effective Date:	July 2025	
Review Date:	July 207	
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager	
Reviewing/Endorsing committees:	Governance Committee	
Relevant External Requirements:	DHA/JCIA	
Search Keywords:	School Clinic	
Title	Policy Number	Version
School Clinic Policies and Procedures	V3	July 2025

1. **PURPOSE:**

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

2. **PLAN OF ACTIVATION**

This plan will be activated to manage the response to any incident causing significant disruption to normal service delivery, particularly the delivery of key/time critical activities.

Plan activation triggers may include:

- Loss of key people or skills e.g. above normal levels of absenteeism due to illness/injury or other scenarios such as severe weather, changes in service structures, major transport disruption, emergency response duties, or people leaving the organisation.
- Loss of critical systems e.g. ICT network disruption, telephony outage, power outage, utilities disruption or third-party supplier disruption.
- Denial of access or damage to facilities e.g. loss of a building through fire or flood, an external emergency service cordon would prevent access for a period of time, utilities failure.
- Loss of a key resource such as an external supplier or partner vital to the delivery of a key service or activity.

3. BUSINESS CONTINUITY PHASE

	Requirement	Action	Action Done?	By who?
1.	Take time to understand and evaluate the impact of the incident on business-as-usual activities by communication with key stakeholders to gather information.	Depending on the incident, you may need additional/specific input in order to drive the recovery of critical activities. This may require the involvement of external partners		
2.	Plan how critical activities will be maintained, utilising pre identified or new business continuity strategies	Consider: • Immediate and ongoing priorities • Communication Strategies • Resource availability • Deployment of resources • Roles and responsibilities • Finance • Monitoring the situation • Reporting • Stakeholder engagement • Any welfare issues • Planning the recovery of non-critical activities		

Title:	**Monitoring and Maintenance of Medical, Electrical and Mechanical Equipment**
Policy Number:	KCH-SCH-SOP-020
Version Number:	3
Effective Date:	June 2025
Review Date:	June 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

1. PURPOSE

1.1 The policy applies to all school staff, clinic staff and outsource agency.

1.2 To ensure the safe, efficient and compliant operation of all medical, electrical and mechanical equipment within school premises, supporting student health, safety, and uninterrupted learning

2. SCOPE

Applies to KCH School Clinics owned equipment used in clinics, classrooms, laboratories and facilities. Includes medical devices, electrical appliances, and mechanical infrastructure

3. ROLES AND RESPONSIBILITIES

3.1 Health & Safety Group

3.1.1 Approval of this policy

3.1.2 Overseeing the activity of the Medical Devices Group and escalating key issues or risks to the Patient Safety and Quality Committee.

3.2 Medical Device Group

3.2.1 Scrutiny and monitoring of all equipment management process including this policy.

3.2.2 Reporting to Health and Safety Officer annually.

3.2.3 Approval of this policy.

3.3 Medical Equipment Maintenance

3.3.1 Scheduled servicing as per contract with Beta surgical and Accuvet Company.

3.3.2 Safety check

3.3.3 Recording of necessary data onto the Equipment Management System

3.4 Equipment Failure or Breakdown

3.4.1 Medical equipment maintenance, inspection and repair requirements will be assessed and reviewed in line with the manufacturer's recommendations as well as any legal guidance and best practice recommendation.

4. GENERAL PRINCIPLES

- Equipment must be fit for purpose, regularly inspected, and maintained according to manufacturer and regulatory guidelines

- Maintenance activities must be documented, scheduled and conducted by qualified personnel or approved service providers
- Schools must comply with Dubai Municipality, DHA, and Civil Defense regulations for equipment safety and operational standards

5. MEDICAL EQUIPMENT

5.1 Inventory & Tagging

- All medical devices must be tagged with control numbers and logged in the clinic's inventory system

5.2 Preventive Maintenance

- Scheduled servicing per manufacturer guidelines (e.g. calibration, safety, checks)
- Includes thermometers, BP monitors, nebulizers, refrigeration units, Pulse Oximeter, and ENT Diagnostic Set

5.3 Breakdown & Recall Management

- Faulty or recalled devices must e removed from service immediately and reported to DHA if applicable

5.4 Training

- Nurses and clinic staff must be trained in safe use, emergency procedures, and basic troubleshooting

Title:	**Readiness Plan/ Emergency Response**	
Policy Number:	KCH-SCH-SOP-021	
Version Number:	3	
Effective Date:	July 2025	
Review Date:	July 2027	
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager	
Reviewing/Endorsing committees:	Governance Committee	
Relevant External Requirements:	DHA/JCIA	
Search Keywords:	School Clinic	
Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

1. **PURPOSE**
   1.1 To assist schools in preparing for and responding to emergencies.
   1.2 To support and advocate for the importance of creating a safe school environment for the school management, administrators, teachers and students
   1.3 Direct the school management in planning, preparing and training teachers, administrative staff and students to carry out immediate response activities
   1.4 Educate students, teachers and parents on possible hazards that the school may face and the emergency preparedness and response activities that can minimize casualties, as well as damage to school property.

2. **SCOPE**
   Applies to all school clinic personnel, administrative staff, emergency response teams, and external service providers involved in emergency preparedness and response.

3. **POLICY STATEMENT**
   3.1 Emergency situations are as described below:
   3.1.1. Life threatening: Open fracture, severe bleeding, shock, complicated asthma, Anaphylaxis (severe allergy), repetitive seizures, severe heald injury, severely deformed position of limbs.
   3.1.2 Non-life threatening: Cuts (suturing, fractures, sprains, high fever, allergies, vomiting, diarrhoea
   3.1.3. Minor Injuries: fever, cough, non-complicated fall, stomach discomfort, scratches, light bumps and bruises

4. **EMERGENCY PREPAREDNESS GUIDELINES**
   4.1 **Clinic Readiness**
   - Maintain a fully stocked emergency kit including AED, oxygen, Epinephrine, Auto-injectors, and first aid supplies
   - Ensure medical equipment is functional and inspected daily
   - Emergency contact lists) parents, ambulance, Civil Défense) must be updated regularly

   4.2 **Staff Training**
   - School nurses and designated staff must be certified in CPR, AED and Basic Life Support (BLS)
   - Conduct simulation training termly (e.g. fire drill, lockdown)
   - Orientation for new staff includes emergency protocols and evacuation routes

4.3 **Incident Response Protocol**

- Active emergency procedures immediately upon identifying a critical incident (e.g. cardiac arrest, severe allergic reaction, injury)
- Notify emergency services and school administration without delay.
- Providers first aid or life-saving intervention until professional help arrives.

4.4 **Evacuation & Assembly**

- Follow designated evacuation routes posted in clinic and classrooms.
- Assist students with disabilities or chronic conditions during evacuation.
- Conduct headcounts at assembly points and report missing individuals to emergency teams.

4.5 **Communication & Documentation**

- Inform parents/guardians promptly via phone or email
- Log all emergency incidents in the clinic's Incident Register, including time, nature of emergency, actions taken and outcome.
- Submit reports to DHA or relevant authorities if required

4.6 **Post-Incident Review**

- Conduct debriefing with staff and administration
- Update protocols based on lessons learned
- Offer psychological support or referrals to affected students/staff if needed

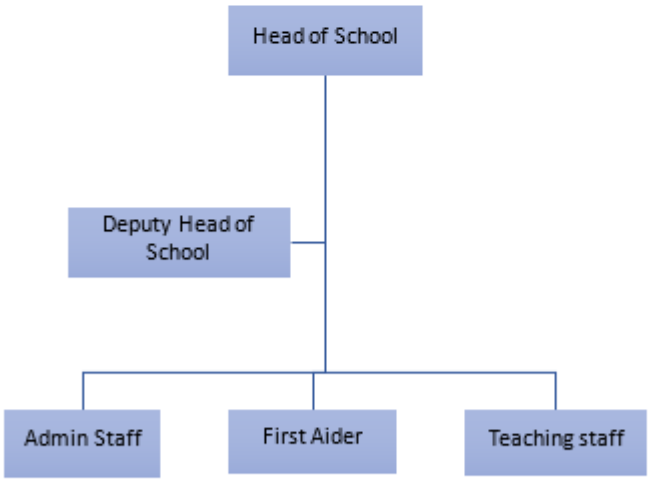
5. ROLES AND RESPONSIBILITIES

5.1 The responsibilities of the Health & Safety Committee include:

5.1.1 Providing policy direction on school preparedness and response activities

5.1.2 Periodically reviewing and updating the School Emergency Operations Plans

5.1.3 Provide guidance and support to schools on issues relating to school emergency preparedness and response activities



Reporting Scale

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King's College Hospital London

LEVEL OF ACUITY	Condition	Action
RED (HIGH ACUITY)	• Emergency conditions that needs immense and complete treatment such as asthma, seizure, anaphylaxis, diabetes, open wound with massive bleeding, fracture • Transfer to Hospital with appropriate documentation • Head injury that results to loss of consciousness, disorientation, severe dizziness, vomiting, persistent headache, slurred speech, profound confusion • Pain with pain score of 8-10	• Documented in ISAMS and school health record • Reported to College Leadership Team (CLT) immediately depending on the incident or maximum within 24 hours on the KCH incident form • Parents or Guardian called, and conversation documented in records plus email sent out. • Follow up calls / emails to parents to check on the child's condition – all to be documented
ORANGE (MODERATE ACUITY)	• Sent home • Referred to Paediatrician / Family Doctor / External Clinic with KCH referral form. • Fever with temperature above 38 degree Celsius • Sprain without swelling • Pain with pain score of 5-7	• Explain risks and when to seek medical attention • Documented in ISAMS and school health record • Reported to the College Leadership Team weekly • Parents or Guardian called; conversation documented in records plus email sent
GREEN (LOW ACUITY)	• Minor cuts, graces, minor burns • Low fever < 38 degree Celsius • Mild malaise • Pain with pain score of 1-4	• Documented in ISAMS and school health record • Reported to the College Leadership Team weekly • Depending on the age of the child and parents' preferences call or email parents. • Calls must be followed up with an email.

Title:	**Staffing Plan, Staff Management and Clinical Privileging**		
Policy Number:	KCH-SCH-SOP-022		
Version Number:	3		
Effective Date:	July 2025		
Review Date:	July 2027		
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager		
Reviewing/Endorsing committees:	Governance Committee		
Relevant External Requirements:	DHA/JCIA		
Search Keywords:	School Clinic		
Title		Policy Number	Version
School Clinic Policies and Procedures			V3 July 2025

1. **PURPOSE**

1.1 To ensure the school clinic is staffed with qualified healthcare professionals, managed effectively, and operates within a framework of clinical privileging that promotes safe, ethical, and high-quality care.

2. **SCOPE**

2.1 Applies to all medical and administrative personnel assigned to the school clinic, including nurses, physicians, support staff, and external contractors

3. **STAFFING PLAN**

3.1 Minimum Staffing Requirements

- At least one DHA-licensed nurse per 750 students
- A part-time physician may be assigned on school size and health needs
- Additional support staff (e.g. assistant nurse, receptionist) may be included based on operational demands.

3.2 Qualifications & Licensing

- All clinical staff must hold valid DHA licenses and meet continuing education requirements.
- Staff must be trained in Basic Life Support (BLS) and emergency response protocols

3.3 Staffing Ratios & Coverage

- Clinic must be operational during all school hours, including extracurricular activities or as per the requirement of the school.
- A backup staffing plan must be in place for absences, emergencies or high-demand periods.

4. **STAFF MANAGEMENT**

4.1 Recruitment & Onboarding

- Hiring follows DHA and school HR protocols, including background checks and credential verification.
- New staff receive orientation on clinic policies, emergency procedures, and child safeguarding

4.2 Performance Management

- Annual appraisal based on performance, clinical competence, documentation accuracy, and communication

- Staff must participate in CPD (Continuing Professional Development) and internal training

4.3 Code of Conduct

- Staff must adhere to professional ethics, confidentiality and respectful communication
- Any misconduct is addressed though formal disciplinary procedures

4.4 Wellbeing & Support

- Staff are encouraged to report burnout, stress, or safety concerns
- The school provides access to wellness resources and peer support

5. CLINICAL PRIVILEGING

5.1 Definition & Purpose

- Clinical privileging is the formal process of authorizing healthcare professionals to perform specific clinical tasks based on their qualification's ad experience.

5.2 Privileging Committee

- A designated Medical Director or School Health Coordinator oversees privileging decisions.
- Privileges are reviewed every 3 years or upon role change.

5.2 Documentation and Scope

- Each staff member receives a written list of approved clinical tasks (e.g. administering medication, performing screenings)
- Privileges must align with DHA scope or practice and school clinic capabilities

5.3 Monitoring & Review

- Ongoing evaluation though incident reports, audits, and peer feedback
- Privileges may be suspended or revoked for safety violations or competency concerns

6. POLICY STATEMENT

6.1 Ensure all clinic staff undergo clinical privileging within a two (2) year time frame

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

7. RESPONSIBILITIES OF APPLICANTS

7.1 All applicants shall complete and apply form to the HR on the privileges being sought and reasons for review and consideration

7.2 All applicants shall provide evidence of their qualifications including registration and/or equivalent training, experience and current competence for clinical privileges being sought. This includes but is not limited to the following documents:

7.3 Relevant and up to date evidence of Continuing Professional Development (CPD)/ Continuing Medical Education (CME).

7.4 Clinical logbook and approved privileges from the previous health facility.

Title:	**Student Health Education, Communication and Informed Consent**
Policy Number:	KCH-SCH-SOP-023
Version Number:	3
Effective Date:	July 2025
Review Date:	July 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

1. PURPOSE

1.1 To guide all concerned staff about procedures and treatments which require informed consents and to guide the process of obtaining such consents within an ethical framework which ensures adequate information is given to the patient and their families allowing for active participation in the decisions about their care.

1.2 To guide in promoting healthy eating and physical activity in the school setting through changes in environment, behaviour and education.

1.3 To ensure that staff, students, and parents are kept well informed.

2. SCOPE

2.1 This policy applies to all students, parents/guardians, school healthcare professionals, and authorized staff involved in health education, communication, and consent procedures.

3. HEALTH EDUCATION STANDARDS

3.1 Delivered by licensed school health professionals

3.2 Age-appropriate and culturally sensitive content

3.3 Topics include Hang Hygiene, Nutrition, Mental Health, Physical Activity, Communicable Disease Prevention, and First Aid Awareness and more as per the DHA guideline
Integrated into school wellness programs and aligned with DHA and KHDA guidelines

3.4 Sessions may conduct in classrooms, assemblies or via digital platforms

4. HEALTH COMMUNICATION PROTOCOLS

4.1 All health-related communication must be clear, factual and confidential

4.2 Parents/guardians must be informed of: Health Screening Schedules, Immunization Drives, Medical Findings requiring follow-up, Emergency incidents and interventions

4.3 Communication channels include email, school portals, printed notices and direct calls

5. PROCEDURES

5.1 All communication should be made with the age of student and context in mind, i.e. staff may vary the amount and level of language they use (as well as speed, tone and volume in the case of verbal communication). Communication should be concise and focused on the intended purpose. Staff should encourage two-way communication, welcoming questions from students and should use every opportunity to check understanding; be it a safe instruction or understanding of a concept.

5.2 Obtaining an Informed Consent is mandatory in school clinics – before performing treatments/procedures.

5.3 Informed consent must be given voluntarily and free from coercion
5.4 Provide knowledge and skills, and help to develop attitudes about the relationship between a good diet, physical activity and health
5.5 Involve teachers who have received the best possible training and are equipped with the knowledge and skills necessary to effectively impart health messages to students.

6. RESPONSIBILITIES

Responsible individual/team	Responsibility
Physician	• Ensure each student file have completed and signed Consent form prior to any examinations done in the clinic • Liaise with SN and SLT communications to parents, staff and students • Ensure monthly, termly and annually engaging in health education at school
School Nurses	• To ensure completeness of Medical consent form on each student's medical file • Conduct health education with school doctor liaise with SLT for approval of activities • To ensure communication to parents, staff and parents has prior approval from SLT/Operational Manager

Title:	**Safe Use of Chemicals Used for Infection Control**
Policy Number:	KCH-SCH-SOP-024
Version Number:	3
Effective Date:	July 2025
Review Date:	July 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

1. **PURPOSE**
   - 1.1 To provide minimum standards for disinfection and environmental cleaning in school clinic and other clinic support and medical facilities in Dubai
   - 1.2 To protect staff, students, parents and visitors from spread of infection and ensure safe workplace free of infections.
   - 1.3 To ensure business continuity.

2. **GUIDELINES**
   - 2.1 All healthcare operators within DHCC are required to have a signed contract with an environmental cleaning company approved by Dubai Municipality for sterilisation and disinfection services.
   - 2.2 Disinfection must be done regularly and on a weekly basis. Service reports shall be kept for inspection purposes
   - 2.3 Healthcare operators shall perform intensive disinfection immediately following any communicable diseases
   - 2.4 Required to have daily general cleaning and maintain a site-specific cleaning schedule which is signed off when the cleaning task has been completed
   - 2.5 All surfaces, that are considered "high touch surfaces" (eg. Telephone, bedside table, over-bed table, chair arms, call bell cords or buttons, door handles, light switches, bedrails, handwashing sink, bathroom sink, toilet and toilet handles, grab bars) shall be cleaned and disinfected at regular intervals (a minimum of three times daily) and when visibly soiled.
   - 2.6 These surfaces shall be cleaned with chemical disinfectants that are EPA-registered quaternary ammonium-based products (regardless of the brand name) and allowed to air dry
   - 2.7 Bleach can be used as a disinfectant for cleaning and disinfection (dilute 1part bleach in 49 parts water, 1,000 ppm or according to manufacturer's instruction). Bleach solutions should be prepared fresh. Leaving the bleach solution for a contact time of at least 10minutes is recommended. Alcohol (e.g. isopropyl 70% or ethyl alcohol 70%) can be used for surfaces, where the use of bleach is not suitable.
   - 2.8 The flow of cleaning should be from areas which are considered relatively clean to dirty. Areas/elements which are low touch or lightly soiled should be cleaned before areas/elements which are considered high touch or heavily soiled.
   - 2.9 All cleaning equipment used in healthcare facilities shall be fit for purpose, cleaned and stored dry between use, well maintained and used appropriately
   - 2.10 Discard cleaning equipment made of cloths and absorbent materials, e.g. mop head.

3. **CLEANING AND DISINFECTION STANDARDS**

3.1 As germs can survive on surfaces of different materials for at least 2-3 days, surfaces potentially contaminated with microbe should be sanitized

3.2 An appropriate disinfectant with indication of effectiveness against germs, EPA approved, and DM registered can be used.

3.3 Disinfectants should be prepared and applied in accordance with the manufacturer's recommendation and as per MSDA (Material Safety Data Sheet)

3.4 Ensure that appropriate.

Title:	**Student Confidentiality & Privacy**
Policy Number:	KCH-SCH-SOP-025
Version Number:	3
Effective Date:	July 2025
Review Date:	June 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

1. **PURPOSE**
   1.1 To safeguard the privacy and confidentiality of student health and personal information in accordance with DHA regulations and UAE data protection laws

2. **SCOPE**
   2.1 This policy applies to all school staff, healthcare professionals, and authorized personnel who access or manage student health records and personal data.

3. **POLICY STATEMENT**
   All student health and personal information must be treated as confidential and protected from unauthorized access, disclosure, or misuse

4. **CONFIDENTIAL INFORMATION INCLUDES**
   4.1 Medical History and health records
   4.2 Immunization status
   4.3 Mental health assessments if there's any
   4.4 Individualized Health Care Plans (IHCPs)
   4.5 Incident and injury reports
   4.6 Personal identifiers (e.g. Emirates ID, contact detail)

5. **ACCESS & DISCLOURE PROTOCOLS**
   5.1 Only authorized personnel may access student health records
   5.2 Information may be shared only with parental consent or in cases of medical emergency
   5.3 All disclosures must be documented including date of release, description of information shared and recipient's name and reason for release.

6. **RECORD MANAGEMENT**
   6.1 Health records must be stored securely (locked cabinets or encrypted digital system)
   6.2 Access logs must be maintained for electronic records
   6.3 Records must be retained and disposed in line with DHA guidelines

7. **STAFF RESPONSIBILITIES**
   7.1 All staff must sign a Confidentiality Declaration upon employment
   7.2 Breaches of confidentiality may result in disciplinary action and legal penalties under DHA and UAE law
   7.3 Staff must report any suspected data breaches to the designated Data Protection Officer

8. STUDENT & PATIENT RIGHTS

8.1 Students and parents have the right to access their health records upon request
8.2 They must be informed of how their data is used and stored
8.3 Consent forms must be obtained for any non-emergency data sharing

9. TRAINING AND AWARENESS

9.1 Annual training on data protection and confidentiality is mandatory for clinic staff
9.2 Awareness campaigns will be conducted to educate the school community on privacy rights.

Title:	**Stay Home if Unwell**
Policy Number:	KCH-SCH-SOP-027
Version Number:	3
Effective Date:	July 2025
Review Date:	July 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Revised Date:	Summary of Changes
July 2025	

1. **PURPOSE**
   1.1 To prevent the spread of communicable diseases within the school community and maintain a safe, healthy learning environment

2. **SCOPE**
   2.1 This policy applies to all members of the school community including students, staff, and authorized visitors

3. **POLICY STATEMENT**
   3.1 Anyone exhibiting symptoms of illness must stay home until they are symptom-free or medically cleared, in line with Dubai Health Authority (DHA) protocols

4. **Symptoms Requiring Stay at Home**
   4.1 Fever (37.8C consistently)
   4.2 Persistent Cough
   4.3 Sore throat, Runny nose
   4.4 Eye infection (e.g. conjunctivitis/Pink Eye)
   4.5 Skin rashes of unknown origin
   4.6 Vomiting & Diarrhea – (more than 2 episodes within a 24hour period)

5. **Return-to- School Requirements:**
   5.1.1 Symptom-free for at least 24hours without medication
   5.1.2 In some cases, a **medical clearance** certificate is required (especially after contagious illnesses like chickenpox, measles, or COVID-19)

6. **School Response Measures**
   6.1 Sick students will be isolated in the designated health room until pick-up
   6.2 Staff with symptoms should assessed by the clinic staff and share findings/recommendations to ~~the~~ their LM.
   6.3 Health education and reminders will be shared with the school community

7. **Parent Responsibilities**
   7.1 Conduct daily health screenings at home
   7.2 Notify the school nurse of any illness or exposure
   7.3 Provide medical documentation when requested

7.4 If your child has an infected sore or wound, it must be covered by a well-sealed dressing or plaster

7.5 If your child is assessed by the school nurse and thought to be a possible source of infection to other students and staff, you will be contacted to take them out of school immediately. Your child may need to be seen by a doctor.

7.6 Please ensure your child's vaccinations-to-date, as advised by the School Nurse, who advises as per the UAE regulations recommended by the Dubai Health Authority.

7.7 Head lice/Pediculosis: It is parental responsibility to inspect your child on a weekly basis with a fine-tooth comb. See our Head Lice Protocol for details on how to inspect and if required treat Head Lice. Please inform the School Nurse if you detect and treat your child for Head Lice

Title:	**Medical Waste Storage and Disposal**
Policy Number:	KCH-SCH-SOP-001
Version Number:	1
Effective Date:	July 2025
Review Date:	July 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Manager
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V1 July 2025

1. **PURPOSE:**
   - 1.1 To prevent infection and contamination: Proper handling reduce risk of disease transmission to healthcare workers, patient and the community.
   - 1.2 To protect the environment: Safe disposal prevents hazardous substances from polluting soil, water and air.
   - 1.3 To ensure legal compliance: Facilities must follow national and local lawas, such as UAE Federal Law No. 21 of 2005 and DHA guidelines.
   - 1.4 To promote occupational safety: Minimizes exposure to sharps, chemicals, and radioactive materials for waste handlers.
   - 1.5 To support sustainable practices: Encourages segregation, recycling, and reduction of waste volumes
2. **SCOPE:**
   - 1.1 Collection and segregation: Begins at the point of generation-waste is sorted into categories like sharps, infectious pharmaceutical, and general waste.
   - 1.2 Storage Protocols: Infectious waste stored in secure, temperature-controlled areas, sharps in puncture-proof containers, hazardous chemicals and pharmaceuticals in labelled, locked bins
   - 1.3 Transportation and disposal: handled by licensed contractor, disposal methods include incineration, autoclaving, and landfilling, depending on waste type.
   - 1.4 Training and accountability: staff must be trained in waste heandling procedures, facilities are responsible for ensuring contractors comply with safety standards.

3. **POLICY STATEMENT:**

   It is the policy of this healthcare facility to manage all medical waste in accordance with UAE Federal Law No. 21 of 2005 and relevant local health and environmental regulations. All waste shall be segregated, stored, transported, and disposed of in a manner that ensures safety, minimizes environmental impact, and complies with legal standards. The school has designated trained personnel responsible for waste management, maintain accurate records of waste handling, and contract only licensed disposal companies. Continuous staff training and strict adherence to color-coded waste segregation protocols are mandatory to prevent infection, ensure occupational safety, and uphold public health.

4. **GENERAL PROCEDURE:**

   1.1 Waste Segregation at Source

   - Use color-coded containers for different waste types (e.g yellow for infectious)
   - Ensure containers are clearly labelled, leak-proof, and puncture-resistant
   - Segregation must occur immediately at the point of generation

1.2 Temporary Storage

- Store waste in designated, secure areas away from food prep zones and public access.
- Maintain temperature control (e.g. 2-8degrees C for infectious waste in hot climates)
- Ensure areas are ventilated, pest-free, and equipped with warning signage
- Keep storage areas locked and accessible only to authorized personnel.

1.3 Collection and Internal Transport

- Waste should be collected daily or as per facility volume.
- Use dedicated trolleys or carts for internal transport
- Staff must wear PPE and follow infection control protocols.

1.4 Externa Transport

- Engage licensed waste contractors approved by Dubai Municipality or DHA
- Ensure proper documentation: waste manifest, tracking logs, and contractor credentials.
- Transport vehicles must be sealed, labelled, and compliant with safety standard.

1.5 Final Disposal

- Disposal methods depend on waste type:
  Incineration for pathological and pharmaceutical waste.
  Autoclaving for microbiological and infectious waste.
  Landfilling for general non-hazardous waste
- Facilities must verify that contractors use approved disposal sites.

1.6 Documentation and Monitoring

- Maintain records of: Waste type and quantity, collection and disposal dates, contractor details and disposal certificates
- Conduct regular audits and inspections to ensure compliance

Title:	Service Description & Scope of Service		
Policy Number:	KCH-SCH-SOP		
Version Number:	1		
Effective Date:	July 2025		
Review Date:	July 2027		
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Nurse Manager		
Reviewing/Endorsing committees:	Governance Committee		
Relevant External Requirements:	DHA/JCIA		
Search Keywords:	School Clinic		
Title		Policy Number	Version
School Clinic Policies and Procedures			V1 July 2025

1. **PURPOSE**
   1.1 To define the range, quality, and limitations of healthcare services provided by the school clinic, ensuring safe, ethical, and effective care for students and staff.

2. **SCOPE**
   Applies to all medical personnel, administrative staffs, students, parents/guardians, and external healthcare providers interacting with the school clinic.

3. **SERVICE DESCRIPTION**
   The school clinic provides preventive, promotive, and basic curative healthcare services during school hours. Service includes:

   3.1 First Aid & Emergency Care
   - Immediate response to injuries, allergic reactions, and acute illnesses.
   - Stabilization and referral to external medical facilities when needed.

   3.2 Health Assessments
   - Routine screenings (vision, hearing, BMI, growth monitoring)
   - Annual Physical Exams for new admissions and specific grade levels

   3.3 Medication Management
   - Administration of prescribed medications with parental and physician consent
   - Emergency medication storage and administration (e.g. EpiPen, Glucagon, inhalers)

   3.4 Vaccination Services
   - Coordination with DHA for school-based immunization programs.
   - Maintenance of up-to-date vaccination records

   3.5 Communicable Disease Surveillance
   - Monitoring and reporting of notifiable diseases to DHA via HASANA IDNS
   - Implementation of isolation protocols and parent notification

   3.6 Health Education & Promotion
   - Sessions on hygiene, nutrition, mental health and safety
   - Collaboration with teachers and parents to reinforce healthy habits

   3.7 Support for Students of Determination
   - Individualized Healthcare Plans (IHPs) for chronic conditions
   - Coordination with inclusion teams and external specialist.

4. LIMITATONS & EXCLUSIONS

4.1 No prescription of controlled or semi-controlled drugs
4.2 No diagnosis or treatment beyond basic primary care
4.3 No after-hours medical services
4.4 No invasive procedures or laboratory testing on-site

5. DOCUMENTATION & COMPLIANCE

5.1 All services are documented in the student's health record
5.2 Clinic operations comply with DHA School Health Guidelines, UAE Medical Liability Law, and Civil Défense Safety Protocols
5.3 Annual audits and service reviews are conducted to ensure quality and compliance

6. POLICY STATEMENT

6.1 Induction session will include briefings in relation to all items listed on the Clinic Orientation Checklist.
These includes:
- 6.1.1 United Arab Cultures
- 6.1.2 Dubai Health Authority (DHA) Rules & Regulations
- 6.1.3 KCH School Clinic Manual
- 6.1.4 Immunization Guideline (DHA)
- 6.1.5 School's Rules and Regulations
- 6.1.6 KCH School Nurse Competency and Drug Calculation Examination

6.2 The Staff should be oriented of the following Policies and Procedures:
- 6.2.1 Hazardous Waste Management as per Dubai Municipality (DM)
- 6.2.2 Medical Waste Storage and Disposal
- 6.2.3 Incident Reporting
- 6.2.4 Medication management
- 6.2.5 Laundry Services
- 6.2.6 Managing HASANA System
- 6.2.7 Readiness Plan/Emergency Response
- 6.2.8 Referral Criteria/Emergency Response
- 6.2.9 Reprocessing & Reusable Equipment
- 6.2.10 Safe Use of Chemicals Used for Infection Control
- 6.2.11 Service Description & Scope of Service
- 6.2.12 Staffing Plan, Staff Management and Clinical Privileging
- 6.2.13 Stay Home if Unwell
- 6.2.14 Student Assessment Criteria
- 6.2.15 Student Confidentiality & Privacy
- 6.2.16 Student Health Education Communication & Informed Consent
- 6.2.17 Vaccination

Service:	KCH SCHOOL CLINICS	Revision No.	0.1
Effective Date:	August 2025	Next Revision Date:	August 2027

SERVICE PHILOSOPHY:

The Kings College Hospital (KCH) school clinics have the opportunity and responsibility to influence the health and wellbeing of school children and their families. KCH school clinics aim to be an integral part of the school system. Health Services are designed to maximize a student's health potential and provide a spectrum of health services for the children and their families, both within the school and the wider community.

PATIENT POPULATION:
Students aged 3-14 years attending School and adults in the event of a medical emergency or accident.

SCOPE OF SERVICE AND COMPLEXITY OF CARE:

Day	Time	hours
Monday	7:30am -5:30 pm	10
Tuesday	7:30am -5:30 pm	10
Wednesday	7:30am -5:30 pm	10
Thursday	7:30am -5:30pm	10
Friday	7:30am -3:30 pm	8
Saturday	Closed	Closed
Sunday	Closed	Closed

Specialty	Complexity
School Doctor	Medical examinations, Health screening including hearing and vision. Urgent /non-urgent medical referrals. Vaccinations. Assessment and review of student's existing medical conditions. Meet with student and parents to discuss their medical concerns and create individual student health plans. Initiate and implement first aid and emergency procedures for staff and students as needed. Participate in Kid's Club activities focusing on infection control , nutrition , wellbeing and exercise throughout the year.
School Nurses	Provide evidence based nursing care. Manage regulatory inspections and circulate any

Title:	**Student Assessment Criteria**
Policy Number:	KCH-SCH-SOP-002
Version Number:	2
Effective Date:	July 2025
Review Date:	July 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Manager
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V2 July 2020

1. **PURPOSE/SCOPE:**
   1.1 To establish standardized criteria for assessing student health and development, ensuring early detection of medical, behavioural, and developmental concerns in alignment with DHA guideline.

2. **SCOPE**
   This policy applies to all students enrolled in the school from YR1 – YR13, including Students of Determination

3. **Assessment Components**
   Annual Health screenings must include the following:

   3.1 Medical History Review
   - Parent/guardian consent forms
   - Vaccination records
   - Past medical conditions and ongoing treatments

   3.2 Growth Indicators
   - Height, weight, and Body Mass Index (BMI)
   - Growth chart documentation and referral for abnormalities

   3.3 Vision Screening
   - Visual acuity tests
   - Referral for corrective measures if needed

   3.4 Hearing Screening
   - Age-appropriate hearing tests
   - Referral to audiology services if deficits are detected

   3.5 Oral Health Assessment
   - Dental check-up
   - Supervised toothbrushing programs

   3.6 Physical Examination
   - General physical health
   - Scoliosis screening for relevant age groups

3.7 Laboratory Investigations (if indicated)

- Complete Blood Count (CBC) or other tests based on clinical findings

4. Documentation & Reporting

- All findings must be recorded in the student' file
- Reports submitted to DHA via HASANA system
- Parent must be notified of any concerns and referrals

5. ROLES AND RESPONSIBILITIES:

5.1 Consent for routine school medical examination will be obtained from parents as part of the medical consent form which is completed during admission.

5.2 Parents will be notified of the routine medical screening in advance and offered the opportunity to attend.

5.3 The school nurse will prepare the students for the examination. Preliminary height, weight, and BMI calculation.

5.4 The School Doctor in the presence of the school nurse will carry out the routine medical screening according to the criteria established by the DHA.

5.5 Any findings will be shared with the student's parents by private letter and/or telephone call if appropriate.

5.6 Any referral for follow up to be recorded in student files

5.7 All findings will be recorded in the student's school health file.

5.8 All findings to be recorded and shared with the DHA in the annual statistic.

MEDICAL REPORT

Name:		Date:	
Class:			

Dear Parent/Guardian,

Your child was seen by the School Doctor for routine medical examination as per the Dubai Health Authority's requirements.

A body Mass Index or BMI screening program is part of the medical exam. Your child's height and weight are measured against their age allowing us to know if your child is in a healthy weight range.

BMI does not tell the whole story about your child's health status. It is therefore important to share the results with your child's health care provider. Please also encourage a healthy diet full of fruits and vegetables as well as regular exercise.

The official BMI-for-age weight status categories are as follows:

Weight Status Category	Z-Score
Severe Thinness	Less than -3
Thin	-3 to -2
Normal	-2 to 1
Overweight	1 to 2
Obese	Greater than 2

If your child's BMI has a Z score of less than -2 he/she may be underweight. If your child's BMI has a Z-score of greater than 1, he/she may be overweight or obese. You are advised to share these results with your child's health care provider.

Your child's measurements are:

Height:	Weight:	BMI:	Z-Score:

Please do not hesitate to call _____ext. if you have any questions or concerns.

Doctor's Comments:	
	Date:

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King's College Hospital London

Title:	**Intimate Care Policy**
Policy Number:	KCH-SCH-SOP-28
Version Number:	3
Effective Date:	July 2025
Review Date:	July 2027
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Sister
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V3 July 2025

Purpose:

The Intimate Care Policy has been developed to safeguard children, school staff and King's College Hospital staff (nursing and medical team).

Definition:

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves, but what some children are unable to do because of their young age, physical difficulties or other special needs.

Guidelines:

- Intimate care will only be carried out by Kings College Hospital Staff who are suitable experienced and, where appropriate, trained to do so (including Safeguarding, Child Protection and Positive Handling training) and are fully aware of best practice. No volunteers will be present or permitted to carry out intimate care.

- Staff will be supported to adapt their practice in relation to the needs of individual children/young people taking into account developmental changes such as puberty e.g. menstruation. Whenever possible, staff are involved in the intimate care of children/young people will not be responsible for the delivery of relationships and sex education to the children in their care as an additional safeguard to both staff and children involved.

- Each child's right to privacy will be respected. Careful consideration will be given to each situation to determine how many carers need to be present when the child is being cared for. Where possible one child will be cared for by two adults.

- Staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence, for example female staff supporting boys when there are no appropriate male staff available.

- Whenever possible the same student will not be cared by the same adult on a regular basis; there will be named staff members known to the student who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged

from developing, while at the same time guarding against the care being carried out by a succession of completely different staff.

- Parents/staffs will be involved with the child's intimate care arrangements on a regular basis; a clear agreed arrangement will be recorded on the child's medical file.

- Each child will have an assigned member of staff to act as an advocate to whom they will be able to communicate any issue or concerns that they may have about the quality of care they receive.

Safeguarding in Children:
Child Protection and Safeguarding Policy will be accessible to staff and adhered to.

If a member of staff has any concerns about physical or behavioural changes in a child/young person's presentation, e.g. marks, bruises, soreness or reluctance to go to certain places or with certain people, s/he will immediately pass their concerns to the Designated Person for Child Protection

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the Head Teacher will investigate in line with the school's Safeguarding policy and procedures. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing arrangements will be adapted until any issue is resolved so that the child/young person's needs remain paramount. Further advice, following Interagency Procedures, will be taken from outside agencies as necessary

If a child makes an allegation against a member of staff, the procedures for Allegations Against Staff, in the Child Protection & Safeguarding Policy, will be followed. All staff are required to read and follow related policies

- Where it becomes apparent that a child is not toilet trained, the following guidelines can be applied:
  Parents of children that appear not to be toilet trained will be invited in to meet the child's teacher and a member of Senior Leadership Team

- Nurses will report incidences of a repetitive nature to the teacher/SLT and appropriate actions as agreed with the school and parent/guardian will be taken

Changing Policy:

In the event of an accident, the following will occur:

- Child will be brought to school clinic for changing
- In the unlikely event the school nurse is not available, responsible adult will bring the child to nurse's room and change them in the presence of another adult.
- If soiling occurs, the child will be changed by either the nurse, class teacher or Learning Assistant (LA).
- If a second soiling accident occurs on the same day, the child will be changed at school and sent home with parents/caregivers.
- Spare clothes will always be stored at school in the designated area (the school clinic). The parent, if needed should regularly replace these clothes.

Appendix 1.

Permission form for Intimate Care Provision

Should your child have an accident (soil or wet themselves) in school and require changing, we are willing, with your permission to clean and change your child as required. We will follow the procedures outlined in our "Intimate Care Policy. This role will always be undertaken by a member of staff (nurse, teacher or LA) and you will be informed that an incident has taken place.

In such an event, please indicate below how you would like us to proceed:

- In the event of my child's having an accident in school and needing to be cleaned and changed, I give permission for a member of staff (nurse, teacher or LA) to clean and change him/her.

Child's Name: _____ **Date**: _____

Signature over Printed Name: _____(Parent/Guardian)

OR

- In the evet of my child having an accident in school and needing to be cleaned, I would like to be contacted so that I can proceed to school.

I accept that if you are unable to contact myself or someone on the emergency contact list you will proceed to clean and change him/her as based on the procedure outlined in the "Intimate Care Policy"

Child's Name: _____ **Date**: _____

Signature over Printed Name: _____ (Parent/Guardian)

Record of Intimate Care Provision

Name of Child:	
Date of Incident:	
Brief Description:	
Member of Staff involved with child	

Signed over Printed Name: _____ (member of staff 1)

_____ (member of staff 2)

Signed: _____ (Senior Leadership Team)

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King's College Hospital London

Title:	**Nut awareness Policy**
Policy Number:	KCH-SCH-SOP-29
Version Number:	2
Effective Date:	June 2021
Review Date:	June 2024
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Sister Abbie Johnston, Clinical Manager Medical Services
Reviewing/Endorsing committees:	Governance Committee
Relevant External Requirements:	DHA/JCIA
Search Keywords:	School Clinic

Title	Policy Number	Version
School Clinic Policies and Procedures		V1 July 2020

Purpose:

To raise awareness regarding severe allergies and to provide a safe learning environment for all members of the (name of the school).

Policy Statement:

- Parents and caregivers being requested **NOT** to send food to school that contain nuts. This includes peanut, paste, Nutella, all nuts and cooking oil containing nuts.
- Students being encouraged **NOT** to share food.
- Students being encouraged to wash hands after eating.
- Staff supervising eating at lunchtime. When teacher notice nut product being brought into the classroom, the identified child will be sent to the front desk to eat their lunch. All children will be encouraged to wash their hands.
- Staff being made aware of students and staff who have anaphylactic responses, including nut allergies.
- Staff participating in first aid training in understanding and dealing with Anaphylaxis (severe allergic reactions) as the need arises.
- School lunch providers complying with the **Nut Awareness Policy**.
- Parents and caregivers being requested NOT to send boxes that have previously contained nut products, e.g. cereal boxes, muesli bars with nuts, cake boxes, biscuits.

The policy will be promoted by:

- Parents and caregivers being informed via the D6 communicator or school's website at the commencement of each school year.
- Senior Leadership Team being informed and ratifying the policy.
- Staff being reminded of their duty of care and provided with training opportunities.
- Students being informed via teachers.

Management of Students with Nut Allergies:

Students who have been identified as having an anaphylaxis as a result of a nut allergy will be required to submit to the school clinic a Health Care Plan from their treating physician.

- Clear instructions as per the Healthcare Plan are distributed in the:
- Student's Medical File
- Student's Form tutor
- School cafeteria

EpiPen are stored in the school clinic under each child's name. They are checked at the end of the year to ensure they have not expired. There is a spare EpiPen in the school clinic for any emergencies.

Most staffs are trained in First Aid.

This school acknowledges that due to food processing practices it is impractical or eliminate nuts or nut products entirely from an environment where there is food. Many food packaging labels include the phrase "may contain traces of nuts". Foods with packaging labels that contain the phrase "may contain traces of nuts" are acceptable. Thus Nut "Area" School.

ALLERGIES AND NUT AWARENESS SCHOOL

What is Anaphylactic Shock?

An anaphylactic shock reaction is a very severe and sometimes life-threatening reaction that occurs when some people are exposed to products e.g. peanuts, dairy, eggs, fish and sesame seeds to name a few.

How is Anaphylactic Reaction Treated?

All children who have an anaphylactic reaction have an Emergency Plan that we also use at school to ensure the most effective treatment is provided for any of the children concerned. This will involve administering an adrenaline injection, giving antihistamine, and calling an ambulance.

Why we are a nut aware environment?

We currently have children who have anaphylactic reactions to nuts. These reactions can be triggered by contact, ingestion, or inhalation. There is also a huge concern with regards to contamination of equipment whether this is play equipment, desks or other classroom materials. For example, if a child ate a peanut butter or Nutella sandwich and touched the play equipment, a child with a severe allergy could suffer an anaphylactic reaction from touching the same equipment. The resulting medical emergency could be avoided by minimizing exposure to nuts.

Two of the hardest things for parents of a child at risk of anaphylaxis to do are:

- Send their child to school and try to allow them to have as normal childhood as possible.
- Get other people to believe just how real this allergic reaction can be. Often other people believe that parents are over over-reacting and neurotic.

Unfortunately, when we have a child at risk of anaphylaxis, we can never afford to be blasé. We are requesting that families try to understand this situation and assist us to minimize risk of exposure of these children to nuts by not sending foods to school that contain nuts.

What products are identified as presenting a high risk for students with a severe allergy to nuts?

Please read labels carefully to help keep all our children safe.

Food	Products
✓ Nutella, peanut paste, nuts ✓ Any snacks including nuts	Any boxes that have previously contained nut products: ✓ Cereal boxes ✓ Muesli bars with nuts ✓ Cake boxes ✓ Biscuits

Title:	**Healthy Eating Policy**		
Policy Number:	KCH-SCH-SOP-030		
Version Number:	3		
Effective Date:	July 2025		
Review Date:	July 2027		
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Sister		
Reviewing/Endorsing committees:	Governance Committee		
Relevant External Requirements:	DHA/JCIA		
Search Keywords:	School Clinic		
Title		Policy Number	Version
School Clinic Policies and Procedures			V3 July 2025

Purpose:

To standardize and streamline the efforts of various regulatory authorities and to provide all staff with an overview of the health status, nutrition information, information about the nature and effects of foods provided in schools, and common set of nutritional guidelines that would help promote healthy eating in schools in the emirate of Dubai.

Guidelines:

1.Effect of Diet on Health of Children

Poor eating habits are major risk factors for chronic diseases. Poor diet can have both long-term and short-term effects on children. Some of the significant health impacts are discussed below:

1.1. Overweight and Obesity

Being overweight during childhood has been associated with increased risk of diseases later in the life. Furthermore, obese children are often excluded from peer groups and discriminated against by the society, they experience psychological stress, tend to have a poor body image and low self-esteem. Increased physical activity and appropriate caloric intake are recommended for preventing and reducing obesity.

1.2. Diabetes

Maintaining a desirable body weight through physical activity and modest caloric restriction is important in preventing diabetes and related complaints.

1.3. Under Nutrition

It can severely interfere with their academic performance, and children may have difficulty resisting infection and therefore are more likely to become sick, and miss school, and perhaps may find it difficult to cope up with the class progress.

1.4. Anaemia

Iron-deficiency anaemia in children is associated with impaired cognitive performance, language development, increased fatigue, and reduced resistance to infection.

1.5. Unsafe Weight-Loss methods and Eating Disorder

Different types of eating disorders may emerge during the teenage amongst school children, such as Binge eating, Anorexia Nervosa and Bulimia Nervosa.

2. Effects of Childhood Eating Habits and Its Impact on Chronic Diseases During Adulthood

Intervention strategies to improve nutrition should not nly address health issues that impact individuals during childhood, it should also focus on preventing children from developing chronic diseases during adulthood.

Intervention that promote healthy eating habits and physical activity during childhood may not only prevent some of the leading causes of illness and death but also decrease direct healthcare costs and improve quality of life.

3. Guidelines for Healthy Eating

3.1. Consume a variety of nutritious foods from the different food groups

3.2. Eat with moderation to maintain a healthy weight

3.3. Increase the consumption of fibre through higher intakes of fruits, vegetables, legumes/pulses, wholegrain cereals and wholegrain bread

3.4. Prefer lean white meats over red ones and limit the consumption of processed meats (sausages, nuggets)

3.5. Consume more fresh fish

3.6. Limit the consumption of foods that are high in sugar, salt and saturated fat

3.7. Promote home-made fresh foods prepared steaming, boiling, baking or grilling, rather than frying

3.8. Limit the consumption of salty foods and processed foods with high content of salt.

3.9. Consume meals around the table and turn off electronic devices (TV, mobiles, and phones) to avoid overeating

3.10. Drink plenty of water and avoid sweetened beverages including energy drinks and flavoured drinks

3.11. Balance the food you eat with physical activity and an active lifestyle

3.12. Apart from the food, get enough rest and sleep as a part of a balanced lifestyle, and enjoy the benefits of sunlight in moderation.

4. Understanding Food Groups

1.1 Grains and Starch

It is recommended that at east fifty percent of your cereal intake should come from whole grains and cereals high in fibre such as brown rice, whole wheat breads and whole wheat pasta. The main nutrients provided by this group are carbohydrates, B Vitamin and fibres.

1.2 Fruits and Vegetables

It is recommended to choose whole and freshly cut fruits and vegetables over canned fruits in syrups, the main nutrients provided by this group are essential vitamins and minerals. This group is also often a good source of fibre.

1.3 Meat, Eggs and Legumes

Choose boiled, grilled and lean meats over fried or highly processed meat products such as canned meats and deli meats.

1.4 Milk and Milk Products

Low fat milk and milk products are preferred over full fat milk. Processed cheese slices and spreads, and creams should be limited. The main nutrients provided by this group of foods are protein and calcium and Vitamin D.

1.5 Oils and Oilseeds

Consume oilseeds everyday to ensure good intake of healthy fats. Avoid excess consumption of foods cooked in partially hydrogenated or saturated fats

1.6 Water and Fluids

Best sources of fluids are plain water, low fat milk, and fresh fruits and vegetable juices. Children should avoid drinks with added sugar such as flavoured drunks, and vitamin waters, sports drinks, energy drinks etc. Fresh fruit juices should be preferred over canned and bottled juices.

1.7 Restricted Food Group

Foods from this group are often high in energy (calories), saturated fats, trans fats, slat, and added sugar. Thus, intake of such foods should be restricted. High calorie intake is linked to weight gain and obesity.

2. Importance of Providing Balanced Nutrition in School

There is a strong scientific evidence supporting the link between healthy eating, physical activity and success in school:

- Children who are more physically fit tend to have better grades and achieve higher overall test scores
- School-based programs that encourage healthy eating and physically activity have a positive impact on children's behaviour and are associated with decreases in disciplinary incidents, absenteeism and tardiness.
- Children who consume healthier food options and are physically active tend to be more focused during classes and have better memory.

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Title:	**Sun & Heat Policy**		
Policy Number:	KCH-SCH-SOP-026		
Version Number:	3		
Effective Date:	July 2025		
Review Date:	June 2027		
Author:	Tricel Aspuria, Sister Hanna Lowthion, Paediatric Sister		
Reviewing/Endorsing committees:	Governance Committee		
Relevant External Requirements:	DHA/JCIA		
Search Keywords:	School Clinic		
Title		Policy Number	Version
School Clinic Policies and Procedures			V3 July 2025

1. **PURPOSE:**

1.1 This policy is to ensure that all students under our care are protected from damage caused by the harmful ultraviolet rays from the sun and over exposed to sun with dehydration. If outdoor will be above 38 degrees centigrade, staff will prompt the students to keep them indoor.

2. **PROCEDURE IN MONITORING OUTSIDE TEMPERATURE AND HUMIDITY:**

Heat Index Measurement Process

- During Terms 1 and 3, Clinic Staffs take Heat Index readings in FS courtyard, KS1 courtyard and rooftop play area, at the following times using a hygrometer, Wet Bulb Globe Thermometer and through the website Local, National, & Global Daily Weather Forecast | AccuWeather.

ANNEX A: HEAT INDEX

Relative Humidity

Temperature, °C	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
42°	48	50	52	55	57	59	62	64	66	68	71	73	75	77	80	82
41°	46	48	51	53	55	57	59	61	64	66	68	70	72	74	76	79
40°	45	47	49	51	53	55	57	59	61	63	65	67	69	71	73	75
39°	43	45	47	49	51	53	55	57	59	61	63	65	66	68	70	72
38°	42	44	45	47	49	51	53	55	56	59	60	62	64	66	67	69
37°	40	42	44	45	47	49	51	52	54	56	58	59	61	63	65	66
36°	39	40	42	44	45	47	49	50	52	54	55	57	59	60	62	63
35°	37	39	40	42	44	45	47	48	50	51	53	54	56	58	59	61
34°	36	37	39	40	42	43	45	46	48	49	51	52	54	55	57	58
33°	34	36	37	39	40	41	43	44	46	47	48	50	51	53	54	55
32°	33	34	36	37	38	40	41	42	44	45	46	48	49	50	52	53
31°	32	33	34	35	37	38	39	40	42	43	44	45	47	48	49	50
30°	30	32	33	34	35	36	37	39	40	41	42	43	45	46	47	48
29°	29	30	31	32	33	35	36	37	38	39	40	41	42	43	45	46
28°	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
27°	27	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
26°	26	26	27	28	29	30	31	32	33	34	34	35	36	37	38	39
25°	25	25	26	27	27	28	29	30	31	32	33	34	34	35	35	37
24°	24	24	24	25	26	27	28	28	29	30	31	32	33	33	34	35
23°	23	23	23	24	25	25	26	27	28	28	29	30	31	32	32	33
22°	22	22	22	22	23	24	25	25	26	27	27	28	29	30	30	31

Legend:

Up to 29°C	No discomfort
From 30 to 34°C	Slight discomfort sensation
From 35 to 39°C	Strong discomfort. Caution: limit the heaviest physical activities
From 40 to 45°C	Strong indisposition sensation. Danger: Avoid efforts
From 46 to 53°C	Serious danger: stop all physical activities
Over 54°C	Death danger: imminent heat stroke

- The WetBulb Globe Thermometer is a measure of a heat stress in direct sunlight, which takes into account; temperature, humidity, wind speed, sun angle and cloud cover (solar radiation)

- An Outdoor Air Quality Index will be checked through the website is a platform that monitors and analyses air quality.

Emirati air quality index value	Colour	Index category (in English)	Index category (in Arabic)	Category description
0-50	Green	Good	جيد	No risk for the population
51-100	Yellow	Moderate	متوسط	Acceptable for the majority of the population
101-150	Orange	Unhealthy for sensitive groups	غير صحي للمجموعات الحساسة	Sensitive individuals should avoid exposure
151-200	Red	Unhealthy	غير صحي	Greater proportion of the public may be affected
201-300	Purple	Very unhealthy	غير صحي بتاتا	Everyone may experience health effects
301-500	Maroon	Hazardous	خطر	Entire population expected to be affected

- The recommendation for Air Quality will be based on the values of the AQI, above 150 will be an INDOOR BREAK/ACTIVITIES

https://www.iqair.com/us/united-arab-emirates/dubai

- Readings are being communicated through email by the clinic staff before breaks; 09:00am and 11am – any additional hours to be checked must be the responsibility of the school facility management team and coordinate the findings to all staffs
- Play and activity will be moderated based on the readings provided in line with Heat Index Guidelines
- On some occasions, outdoor activities may be stopped or modified at temperatures **lower** than those of Levels 2 / 3. The professional judgment of those leading outdoor activities or the assistant head i/c school duties in consultation with the school nurse. They are the best judge of the impact of local heat / humidity conditions on students and teachers. However, the responses outlined in the table on page 1 must be enacted by individual staff members if the heat index confirms that the relevant level has been reached.
- Our school adhere to heat index guidelines (have consulted our school doctor) to follow limit of above 38 degrees centigrade as the cut off for outdoor play and monitors outside temperature regularly to ensure that our students' prolonged exposure to the heat is restricted.

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HEAT Index Guidelines

Under 33°C	Usual routine with hats/water/shade Monitor for signs of heat stress
33-36°C	Usual routine with hats/water/shade All sporting activity to be moved inside Mandatory water break every 20 minutes Reapplication of sunscreen if necessary Monitor for signs of heat stress
36-37.9°C	Outside activity reduced to 10 minutes with hats/water/shade Water/rest break every 10 minutes Monitor for signs of heat stress
38°C+	Inside activity only

- Based on the Dubai Municipality and Ministry of Climate Change and Environment

HEAT ILLNESS AND TREATMENT		
HEAT ILLNESS	**SIGNS**	**TREATMENT**
Sunburn	• Redness • Pain • Swelling of skin • Blisters • Fever • Headaches	Leave water blisters intact to speed healing and avoid infection. If breaking blisters occur, apply sterile dressing. Serious cases should be seen by a physician.
Heat Cramps	• Heavy sweating causing muscle spasms usually in	Apply firm pressure on cramping muscles or gently massage Give sips of water

	legs but sometimes in the abdomen	Move the child/person to a cooler place to rest in comfort Observe the child/person carefully for changes in condition
Heat Exhaustion	• Heavy sweating • Weakness • Cold, pale, clammy skin • Weak pulse • Fainting • Vomiting • Core temperature normally above 38.8 degrees	Get the child/person out of the sun Move to a cooler environment Lay person down and loosen clothing Apply cool, wet cloths Give sips of water If nausea occurs, discontinue sips of water; if vomiting continues, seek immediate medical attention
Heat Stroke	• High body temperature • Hot, dry skin • Rapid and strong pulse • Possible unconsciousness	Call 998, if unable to get the child/person to medical help immediately, do the following Move person to a cooler environment Remove outer clothing Reduce body temperature using lukewarm water to bathe the person Do not give fluids

APPENDICES

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Appendix I. KCH 629

MEDICAL REPORT

Name:		Date:	
Class:			

Dear Parent/Guardian,

Your child was seen by the School Doctor for routine medical examination as per the Dubai Health Authority's requirements.

A body Mass Index or BMI screening program is part of the medical exam. Your child's height and weight are measured against their age allowing us to know if your child is in a healthy weight range.

BMI does not tell the whole story about your child's health status. It is therefore important to share the results with your child's health care provider. Please also encourage a healthy diet full of fruits and vegetables as well as regular exercise.

The official BMI-for-age weight status categories are as follows:

Weight Status Category	Z-Score
Severe Thinness	Less than -3
Thin	-3 to -2
Normal	-2 to 1
Overweight	1 to 2
Obese	Greater than 2

If your child's BMI has a Z score of less than -2 he/she may be underweight. If your child's BMI has a Z-score of greater than 1, he/she may be overweight or obese. You are advised to share these results with your child's health care provider.
Your child's measurements are:

Height:	Weight:	BMI:	Z-Score:

Please do not hesitate to call_____ext. if you have any questions or concerns.

Doctor's Comments:	
	Date:

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Appendix 2: KCH 630

Head Injury Advice Card to Parents/Carers

If your child has any of the following during the next 48 hours:

Vomits repeatadly ie; more than twice (atleast 10 minutes between each vomit)

-Becomes confused and unaware of surroundings

-Loses consciousness, becomes drowsy or diffcult to wake

Has a fit or convulsion

-Develops diffculty speaking or understanding of word

-Weakness in arms/ legs/ loosing balance

-Develops problems with eyesight

-Has clear fluid coming from nose/ ease

Does wake for feeds/ cries constantly & cant be soothed (for babies)

Please seek urgent help; go to the nearest emergency department or call 999

If your child has any of the following during the next 48 hours:

- Develops a persistent headache which will not go away (despite paracetamol/ ibuprofen)

Develops a worsening headache

Contact your family doctor/ school nurse toda

If your child

- Is alert and interactive

-Vomits, but only twice

-Experiences mild headaches, struggles to concentrate, lacks appetite or problems sleeping

Self Care; continue providing your child's care at home. If you are still concerned about your child , make an appointment with your doctor

How can I look after my child?

- Ensure they have plenty of rest initially, a gradual return to normal activities / school is recommended
- Increase activities only as symptoms start to improve
- Avoid sports, computer games and excessive exercise until all symptoms have improved.

Concussion following a head injury

- Symptoms of concussion include mild headache, nausea (without being sick), dizziness, bad temper, problems concentrating, difficulty remembering things, tiredness, lack of appetite or problems sleeping- these can last days, weeks or even months. Some symptoms resolve quickly whilst other may take a little longer.
- Concussion can happen after a mild head injury, even if they haven't been 'knocked out'

Advice about returning to school/ nursery

- Don't allow return to school until they have completely recovered
- Don't leave your child unattended for 48 hours post head injury

Advice about returning to sport

- Repeated head injury during concussion recovery can cause long term damage to the child's brain
- Expect to stay off school for 2 weeks until symptoms have fully recovered
- Discuss with school nurse and PE teacher to discuss gradual return to full activity if needed.

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Appendix 3: KCH 631

AGAINST MEDICAL ADVICE (AMA) FORM

I,_____**(nurse name)** and _____**(Name of witness**) confirm that _____**(patient name**) left/ not attended procedure or treatment against medical advice.

A medical risk assessment of the patient was performed and the following discussion with the patient / legal representative about the consequences of leaving against medical advice, a decision was made to:

_____

_____

With subsequent follow up: _____

_____

This was discussed with the patient with the patient / legal representative, and they agree / disagree (delete as appropriate) with receiving a follow up phone call.

If signed by someone other than patient, please indicate relationship: _____
If patient / patient legal representative declined to sign, please state: _____

Print name:_____(patient / legal representative)
Signature:_____(patient / legal representative)

Print name:_____(witness)
Signature:_____(witness)

Date: _____

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Appendix 5 KCH 632

P.E. Excuse Note

To Whom It May Concern:

Kindly excuse_____**(student's name)** from_____**(year group)** for doing Physical activity today as he/she's having _____ **(condition),** school doctor was advised him/her to refrain PE for today.

Should you have further inquiry, please do not hesitate to contact_____(school nurse email) &_____(school doctor's email)

KCH Staff

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Appendix 6

ADMINISTRATION OF MEDICINES

During the school day, children may develop minor illness or injuries. Children will be assessed by the School Nurses and you will be contacted if necessary.

Whilst on_____(school name) School premises, medication will be given by School Nurses only. During school trips medication will be administered by staff with first aid training.

Please see the list below for general medications used in the School Clinic. If you have any objections to your child receiving anything listed, please contact the School Nurses.

Medications used in the School Clinic	Yes	No
Strepsils for sore throat (age 6+)		
Anti- inflammatory gel (for inflammation & relieve of muscular pain)		
Paracetamol Syrup/ Tablets (fever or pain relief)		
Optrex eye drops (for dry, itchy, irritated eyes)		
Gaviscon for heartburn & indigestion (age 6+). Please note that parents will be contacted first before this medication is administered		
Teething gel (mouth ulcers and gums)		
Fenistil gel (insect bites, itchiness & sunburn)		
Nexium (12+) for gastro reflux and heartburn symptoms		
Neolyte (oral rehydration salts for dehydration)		
Antiseptic Wound Spray		
Vaseline (Dry skin/lips)		
Sudocream (Dry skin)		
Fucidin / Mebo Cream (For treatment of wound)		
Buscopan (For stomach cramps) Age 6+		
Domperidone- (For Nausea and Vomiting)- Please note that parents will be contacted first before this medication is administered		
Ibuprofen Syrup/ Tablet (for fever / pain relief)		
Cetirizine Syrup/ Tablet (for allergies)		
Sinecod (Cough Syrup)		
Salbutamol Inhaler/ Nebulizer (For Asthmatic)		
Hydrocortisone 1% Cream- For allergies/ inflammation		
Calamine Lotion- For skin itches		
Ortivine Nasal Drops- For Cold and Blocked Nose		

Name of Parent:_____ Signature: _____

Date: _____

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Appendix 11 KCH PFE 047

Headlice Notification to Parent/Carers

PARENT INFORMATION SHEET FOR HEAD LICE

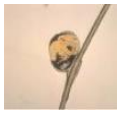
What to look for:

A head louse is a tiny 6-legged insect which is between the size of a pinhead and a sesame seed. It is greyish brown in color. The adult louse lives for about one month.
Each leg ends with a claw, which grasps the hair, enabling swift movement close to the scalp. It does not walk on the scalp and cannot jump or fly and has difficulty walking on flat surfaces.

Facts about head lice:

They feed only on human blood, approximately 5 times per day.
Females outnumber males in the ratio 4:1 and lay 6 to 8 eggs daily. (Not all eggs are viable).
Eggs are firmly glued to strands of hair close to the scalp, preferring a temperature of 30 - 31◦C which is favorable to incubation. Therefore, it does not matter whether hair is short or long. Shaving off the hair is **not** an acceptable treatment for head lice infection.
Live eggs are skin colored and very difficult to see.
The incubation period is 7 to 8 days and within 10 days of hatching the louse becomes a mature adult and is able to mate.
Nits are empty egg cases. After a louse has hatched the empty egg case becomes white. If you have nits it does not always mean that you have head lice. Nits remain stuck to the hair and grow out as the hair grows, at a rate of 1 cm per month.

You only have head lice if you can find a living, moving louse (not a nit).



NIT

Lice will live on hair that is dirty or clean, short or long, adult or child. Short hair may make it easier for them to get from one head to another.
Adult lice can live apart from humans for only a short period of time. It is rare for infection to be caught in this way.
Lice do not keep still and move very rapidly when disturbed e.g. when undertaking detection combing.
For a first infection it can take up to 8 weeks for itching to start, with subsequent infections itching will occur sooner.
Sometimes the appearance of a rash at the back of the neck is the first indication of infection.

High standards of personal hygiene **do not** necessarily prevent head lice infection.

The method of transmission (person to person spread) is walking from head-to-head. The heads must touch for duration of at least one minute or more.
Head lice infection **is not** highly contagious, taking time to spread through a population. The infection is much less infectious than some other common infections in children, such as chickenpox and impetigo.
Lice **cannot** hop, jump, fly or be drowned. Should a louse be found on a hat, collar, pillow chair back, etc. it will either be a dead louse or a damaged louse that is too weak to hang onto the hair.

PREVENTION AND DETECTION

All family members should regularly brush/comb their hair. Good hair care will **not** prevent head lice infection but may help to identify head lice at an early stage and so help control the spread of infection. When hair is washed, damaged lice will float on the surface of the water. Also, the presence of lice may be indicated by finding a Black power on the pillow in the morning. This is a mixture of black fecal powder and cast skins, which can also make collars become dirty more quickly than normal.
Children should be provided with their own brush/comb and be encouraged to adopt good hair grooming habits.

Weekly wet combing detection of children is recommended as the most effective method of identifying and removing head lice.
Wet combing detection is especially important when you know that head-to-head contact with an infected person has occurred or when members of the household have been named as contacts.

The use of louse repellents should be discouraged, as they do not deal with the control of lice in the population, and they do not treat existing infections.

Only when live lice are identified should treatment be commenced.

Once infection is detected there are 2 treatment approaches:
(1) Removal by wet combing; or
(2) The use of insecticide lotions.
Both methods require continued combing to remove any unhatched eggs.

PARENTS SHOULD MAKE AN INFORMED DECISION REGARDIN[illegible]IENT

Wet Combing

'Wet combing' involves washing the hair and applying conditioner, -then comb to remove tangles. Taking a section at a time, a fine-tooth detection comb is then pulled downwards through the hair, keeping the comb close to the scalp (where head lice are often located). The process should take approximately 30 minutes,
3 or 4 times a week for at least 2 weeks.

The comb is checked for lice after each section. The comb must be fine enough to catch the lice and a pharmacist should be able to recommend a comb for this purpose, if parents are in any doubt. If head lice are found, all other family members should be checked and if necessary,

treated. Checks should be continued following treatment to ensure that it has been effective and to detect any re-infection.

Insecticides

There are various different insecticide lotions available which must only be used if live lice are found. A good pharmacist should be able to advise you on the current recommended treatment lotions. The treatment options usually contain Malathion, Permethrin or Phenothrine. Examples of treatment include:

- Nyda Shampoo/Spray
- Acu Med Lice Cure
- Custin Pediculicide Shampoo
- Hedrin Spray

These ingredients have a good safety profile and are effective treatments if used correctly. Some lotions are not suitable for asthmatics, those with allergies and breast feeding or pregnant women**. Please check instructions carefully before using.**

Please consult and follow the instructions carefully. Keep the lotion out of the eyes and off the face. A towel should be used to cover the face.
Some lotions are highly flammable, so use far away from naked flames or sources of heat.

Do not use a hairdryer.

A second treatment using the SAME lotion may be required, this is to kill any lice emerging from eggs that survive the first application. Please refer to product instructions.
Check all heads a day or 2 after the second treatment. It is unlikely but if you still find living, moving lice ask your clinic or pharmacist for further advice.

The lotion will only work if enough lotion is used, and manufacturer's instructions are followed it is imperative that other family members and 'best friends; are checked and treated.
We hope that you have found this guide informative, please do not hesitate to contact the school nurse should you have any questions or require advice.

Appendix 16 KCH 078

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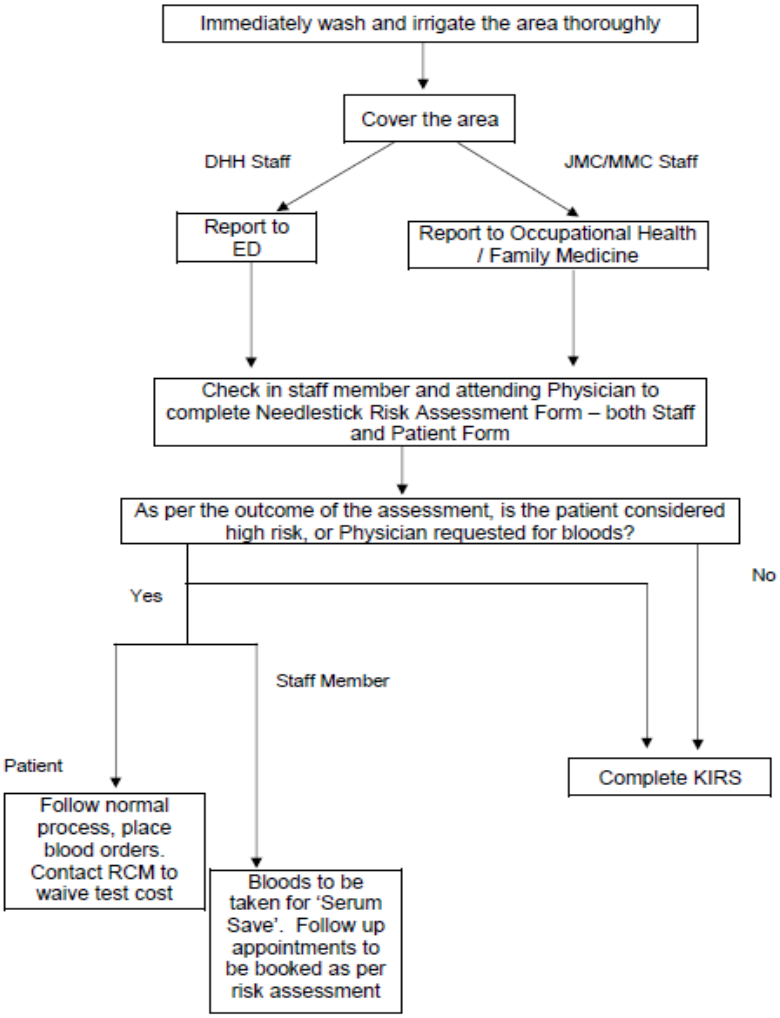
Needlestick Injury Procedure



Appendix 17


Healthcare Fire Safety
There are four essential steps to take if you discover a fire:
R
Rescue
anyone in immediate danger of the fire.
A
FIRE ALARM
Alarm
Activate the nearest fire alarm and call your fire response telephone number.
C
Contain
fire by closing all doors in the fire area.
E
Extinguish
small fires. If the fire cannot be extinguished, leave the area and close the door.
You should know:
Locations of nearest fire extinguishers and alarm pull boxes
The fire location - room number and building
All fire exits in your work area
How to properly operate a Fire Extinguisher
P
Pull
the pin, release a lock latch or press a puncture lever.
A
Aim
the extinguisher at the base of the fire.
S
Squeeze
the handle of the fire extinguisher.
S
Sweep
from side-to-side at the base of the flame.
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Appendix 18 KCH 633

Head Lice Check Consent Form

Permission to cover the duration of the student's enrolment at _____
Throughout your child's schooling, the school may need to arrange head lice checks of students.
The management of head lice infection works best when parent permission is given for all students to be involved in the inspections.

The school is aware that this can be a sensitive issue and is committed to maintaining student **confidentiality.** and avoiding **stigmatization.**

A trained person (school nurses) will conduct the inspections of students.

Before any checks are conducted the person conducting the inspections will explain to all students what is being done and why and it will be emphasized to students that the presence of head lice in their hair does not mean that their hair is less clean or well-kept than anyone else's. It will also be pointed out that head lice can be itchy and annoying and if you know you have them, you can do something about it.
The person conducting the inspections will check through the student's hair to see if any lice or lice eggs are present.

In cases where head lice are found, the person inspecting the student will inform the student's teacher and the Deputy Head. School Nurses will contact the parents/guardians/carers.
Please note that health regulations require that where a child has head lice, that child should not return to school until appropriate treatment has commenced. Parents will be required to complete an Action Taken Form, which requires parents/guardians/carers to inform the school in writing when the treatment was started.

Name of child attending the school: _____
Year Level: _____
Parent's/guardian's/carer's full name: _____
I hereby give my consent for the above-named child to participate in head lice checks at school for the duration of their schooling at this school.

Signature of parent/guardian/carer: Date:

Please inform the school if guardianship/custody changes for your child, as this form will need to be re-signed to reflect these changes. Please also inform the school in writing if you no longer wish to provide consent for the school to undertake head lice inspections for your child

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King's College Hospital London

Appendix 19 KCH 634

Action Taken – Student Head Lice
Parent/Guardian/Carer Response Form

To: School Nurse
CONFIDENTIAL

Student's Full Name:_____ **Year Level**: _____

I understand that my child should not attend school with untreated head lice.
I used the following recommended treatment for head lice or eggs for my child (insert name of treatment)

Treatment commenced on (insert date)_____/_____/_____

Signature of parent/carer/guardian: …….. Date……

8. APPROVAL

	Name	Designation	Signature	Date
Prepared By:	Tricel Aspuria	**Sister School Nurse**		
	Hanna Lowthion	**Nurse Manager**		
Reviewed By:	Lyndal Cordaro	**CNO**		
Approved By:	Aishath Rahila	**Head of Quality Governance**		
	Kimberely Pierce	**CEO**		