



LIMITLESS
LEARNING



أكاديمية جيمس ولينغتون - شارع الخيل
GEMS Wellington Academy
AL KHAIL

SCHOOL CLINIC POLICY (2023 - 2024)



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GENERAL OBJECTIVE:

To maintain the health and well-being of all students and school personnel by providing access to primary, preventive health care service in a school setting.

SPECIFIC OBJECTIVES:

- To organize and manage the school clinic according to Dubai Health Authority (DHA) and Municipality directives.
- To follow the guidelines set out in the nurse and doctor's job description.
- To ensure completeness of all students medical files.
- To run the clinic as a first aid center for accidents and injuries that occur in school.
- To report more serious/major incidents involving students to the parents, directly by telephone, as soon as possible.
- To provide a temporary resting place for ill or sick students or staff.
- To arrange immediate transfer to hospital for any student or member of staff who requires emergency medical attention.
- To clearly label and store student's individual medication, in an appropriate and safe manner.
- To administer medications as prescribed by the school doctor or by written instruction from the parent.
- To ensure clinic medicines are placed in a cupboard, which is locked all the times.
- To maintain and encourage good practices in hygiene and hand washing throughout the school, by education and example.
- To follow any health advice given by the Department of Health and the World Health Organization for infectious diseases/ epidemics that might affect the students and staff of the school.
- To follow all Dubai Health Authority requirements for student medical exams and record keeping.
- To help and advise parents and staff regarding current health issues as the need arises.
- To impart knowledge and information on health matters to students through health education programs and teachings.



General Information

Description and Scope of Service

Gems Wellington Academy, Al Khail, school clinic promotes and provides health services to all enrolled students, staff as well as parents/guardians and visitors. These health services are in line with the health programs of Dubai Health Authority, School Health Section. These programs focus on disease prevention, early case findings and referral for intervention.

The services rendered are the following, but not limited to; consultations, first aid treatments of all injuries, provide care for those unwell and give referral if need arise for further evaluation and management.

Administration of Medicines

For students requiring medicines in school, a written parental consent must be obtained. All medicines should be taken in the school clinic and must be given/instituted by the school nurse.

Temporary medications – (e.g. Antibiotics)

A Medicine Authorization Form must be filled-up and signed by the parents/guardians along with a written instructions as well as the name of the medicine, the dose and the time it is to be given. This should be submitted to the clinic. All medicines should be brought in and collected from the clinic by the parents or the bus nannies, NOT brought in by the students.

For regular medication in school – (e.g. For Asthma, Allergy, Diabetics)

A Medicine Authorization Form should be completed by the parent. This form is valid for one school year and must be re-signed the following year if the same medicine will be given. Regular medication is recorded and signed on the back of this form each time it is administered. Medicines are kept locked in the drug cupboard for individual students requiring regular medication. This must be clearly labeled with name and class.

If there are any concerns or doubts about administering any medicine, the parents will be contacted before the medication is given.

Parents are to keep non-essential medicines at home and to give 'twice-a-day' doses in the morning and evening to avoid having medicines in school. Details of medication given at school are recorded.

Stock Medicines

Minimal supplies of medicines and creams are kept in school for general use.

All stock medicines have been approved and prescribed by the school doctor. This prescription is updated yearly. Before giving any medication orally, the parents will be contacted if the student is in year 6 and below.



Year 7 and above will be given analgesics if they have a signed “parental consent for Paracetamol” and have not taken any before school. Parents will only be contacted if it is thought necessary by the nurse.

The nurse will notify the parents through phone. If there will be no response received after 3 phone call attempts with 10-15 minutes interval in between, an e-mail will be sent to the parent. In the event that the parent cannot be contacted, the school doctor or nurse will use her discretion to administer the appropriate medicine for the student present medical complaints, based on the signed consent from the parents in the medical notes and in the DHA standing order. A referral note will be sent to the parent regarding the first aid management given to their child.

The nurse will document what has all been done to the student in the student health record.

Daily First Aid Administration

Every student that attends the clinic will be listed in the daily census form, which shows the time the student arrived at the clinic as well as the time, which they left the clinic. Furthermore, every such case will be announced to the doctor. Should the doctor not be present in the clinic when a patient arrives, they will update themselves by reviewing the census form to see if any patients arrived in their absence.

If there is a need for the student to stay in the clinic for observation, the nurse will inform the teacher in charge through e-mail stating the type of injury and the treatment given. Additionally, if a student is released during a lesson to attend the clinic and does not return to the class by the end of that lesson, the teacher will email the clinic to enquire after the student.

If a student requires the use of the clinic beds, to rest or recover, the attending medical professional will put up signage outside the patient’s room alerting the rest of the medical team that a student is present in that room.

At the end of each school day, the doctor and the nurse will do a thorough check of all rooms in the clinic to ensure that no students are present in the clinic, before the doctor locks the clinic for the night.

If a student, who makes use of the bus is in the clinic at the end of the school day and is too unwell to get on the bus, their parents will be contacted to make alternative arrangements and a member of the medical team will stay with the student at the clinic until they are collected.

Any students, who are not bus users, who are in the clinic in the last period of the day, will be sent back to class 5 minutes before the end of the lesson, so that they can be taken home. If it is the case that such a student is too unwell to do so, the medical team will email the teacher as well as the reception and try to phone the parent/driver to inform them that the student will be brought, by wheelchair, to the main reception and assisted into the vehicle from there.



Accidents and Emergencies

Minor incidents / injuries are treated in the main clinic.

Injuries that are more serious require an immediate phone call to the parents to inform and advise them. If thought necessary, the parents will be asked to collect the student from the clinic within 30 to 45 minutes.

The parents will bring their child to their hospital of choice, for further evaluation and management of the injuries incurred. If the parent cannot be contacted and the student requires immediate hospital treatment, arrangements will be made to take the child to the nearest hospital affiliated by the school.

In an emergency or life threatening condition, an ambulance will be called for.

Transferring and sending students to home/clinic/hospital during:

A) Non-emergency cases:

After assessment by the doctor/nurse, if the student is not fit enough to remain in school, then:

1. Parents/Guardians will be informed via telephone or e-mail and asked to collect their child from the clinic
2. An e-mail will be sent to the teacher in charge to inform her/his that the student will be going home
3. An e-mail will be sent to the reception stating the student name and class as well as the person who will pick up the student
4. Parent/Guardian who will pick up the student, will sign the Send Home logbook in the clinic and the early departure book in the reception.

B) Accidents/Emergencies (Minor/Major)

After assessment by the doctor/nurse, if the injury incurred by the student needs further hospital/clinic evaluation and management, then:

1. Parents/Guardians will be contacted by the nurse/doctor immediately and will be advised to collect student as soon as possible
2. A referral note will be given to the parents/guardians to be presented to their clinic/hospital of choice
3. E-mail will be sent to the teacher in charge and in the reception to inform them that the student will be going home
4. Parents/Guardians who will pick up the student will sign the Send Home logbook in the clinic and early departure book in the reception
5. An incident report will be filed in the Phoenix HSE.



If the parent/guardian will request an ambulance, then the nurse will call EMS or 998. Security personnel and the reception will be notified that an ambulance will be coming to pick a student

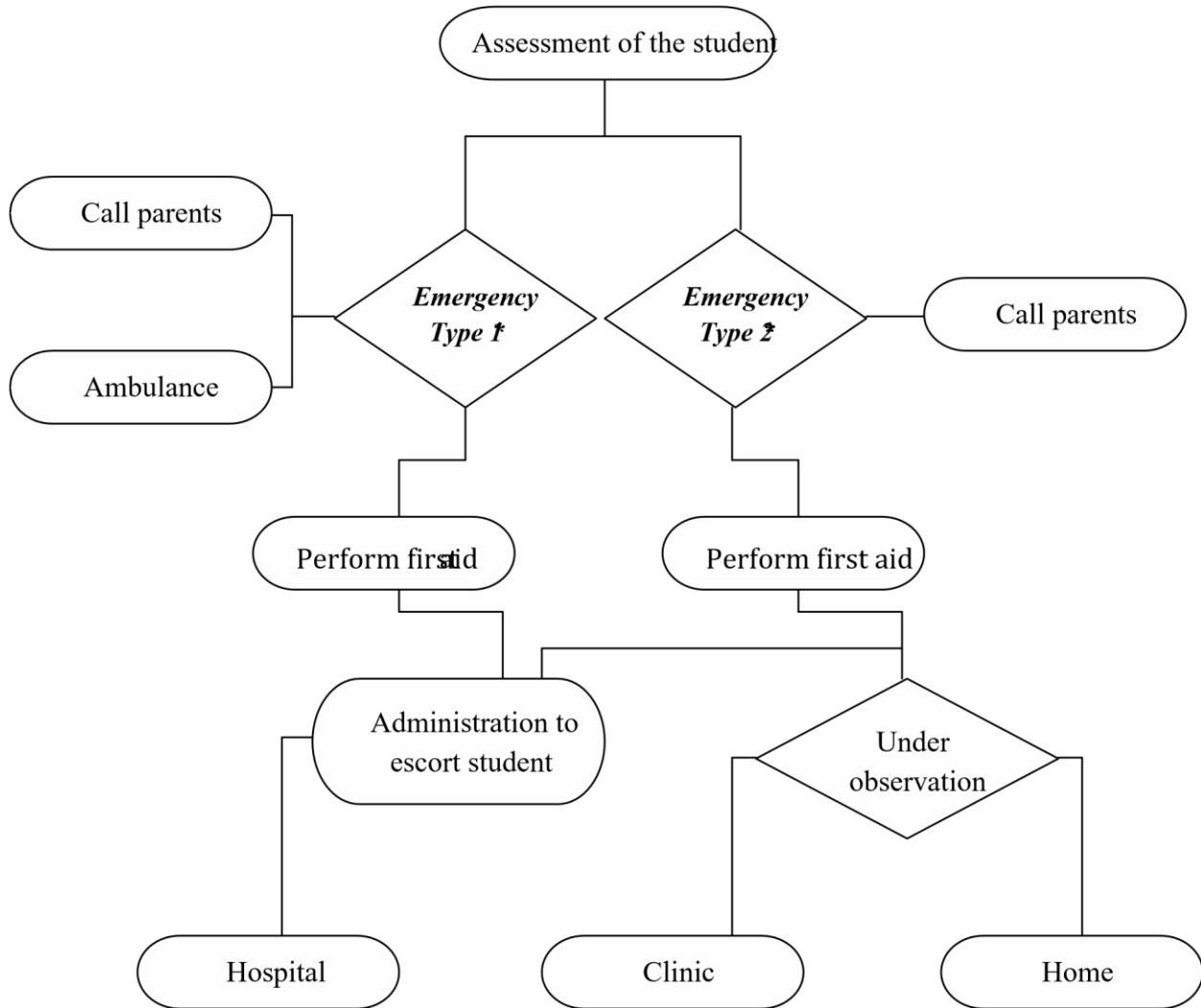
C) Life threatening Accidents/Emergencies (Serious)

After assessment by the doctor/nurse, then:

1. Nurse will immediately call EMS or 998 and she will give the details regarding the accident
2. Parents will be immediately notified regarding the details of the injury, the course of action taken and the hospital/clinic where the student will be brought
3. Student will be transported immediately to the hospital where the school has an affiliation
4. School nurse or other available school personnel will accompany the student to the hospital and wait for the parents/guardians to arrive
5. An incident report will be filed in the Phoenix HSE.



Emergency Protocol Flow Chart

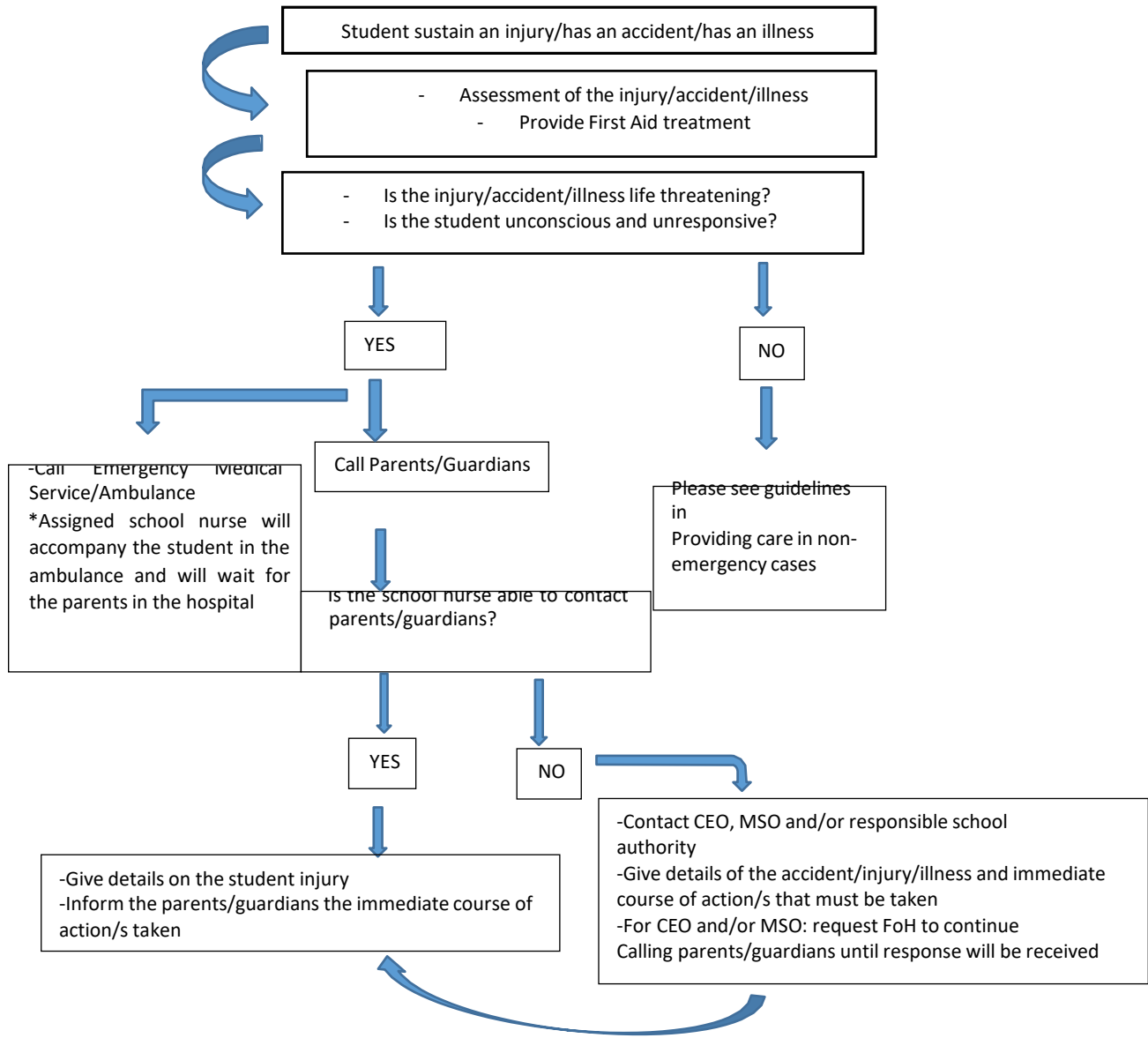


***Emergency Type 1:** High level of emergency, which needs referring to secondary care level (hospital or health center)

***Emergency Type 2:** Low level of emergency, which can be managed at school with parent/s consent.



GUIDELINES (FLOWCHART) IN PROVIDING CARE IN EMERGENCY CASES

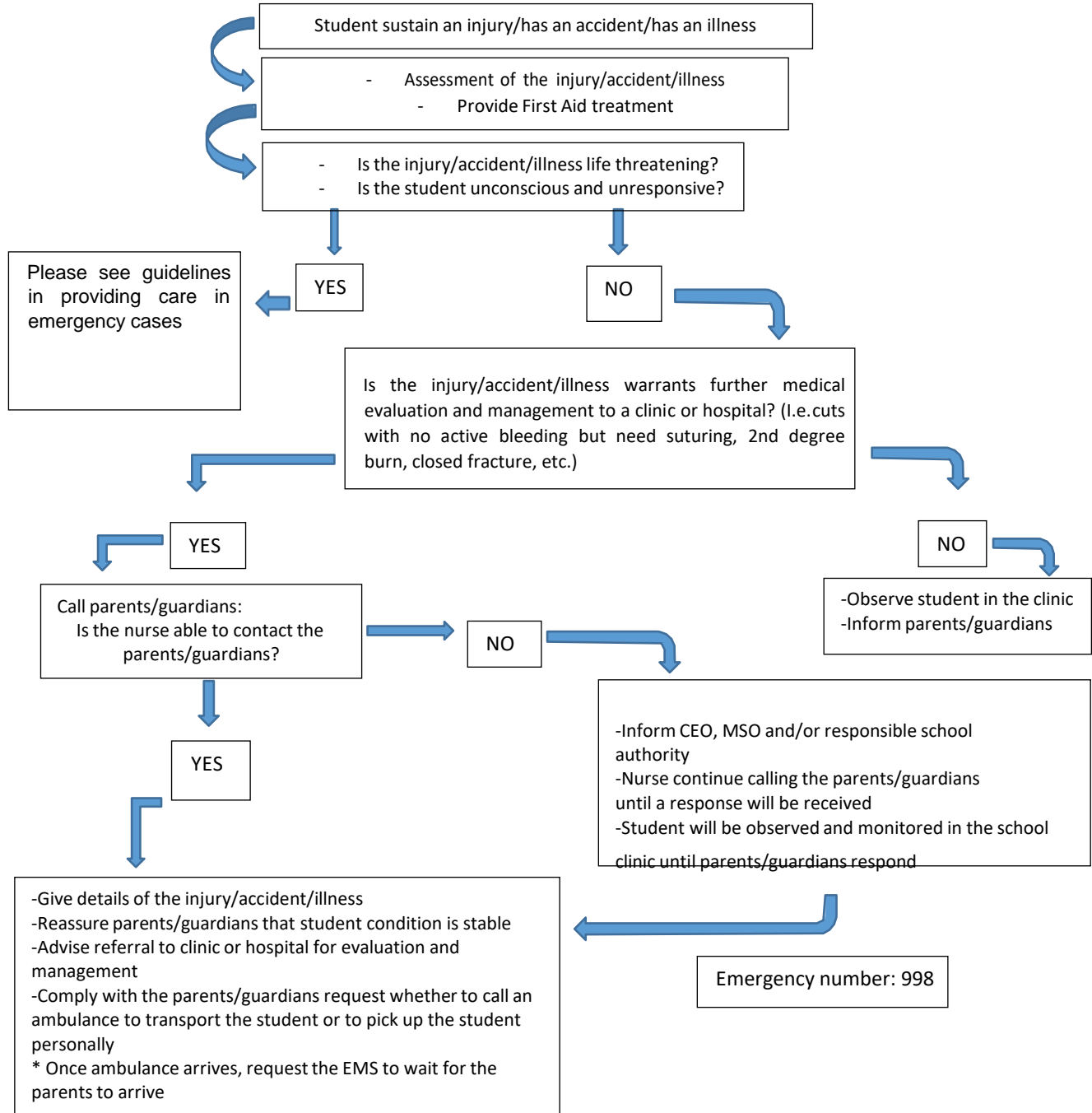


Definition of term:
Life-threatening emergency cases
 – A sudden and unexpected onset of a condition that threatens life, limb Alternatively, organ system that requires immediate/rapid medical intervention.
 - In cases like but not limited to the following; choking, shock, anaphylaxis (Severe allergic reaction), drowning, seizure (1st time), stroke, heart attack, Deep cut/laceration with severe bleeding/blood loss, open fractures

Emergency number: 998



GUIDELINES (FLOWCHART) IN PROVIDING CARE IN NON-EMERGENCY CASES





EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

- Remain calm and communicate a calm, supportive attitude to the ill or injured individual
- Never leave an ill or injured individual unattended. Have someone else call emergency assistance and the parent
- Do not move an injured individual or allow the person to walk (bring help and supplies to the individual). Other school staff or responsible adults should be enlisted to help clear the area of students who may congregate following an injury or other emergency situation
- If trained and if necessary, initiate Cardiopulmonary Resuscitation (CPR)
- Do not use treatment methods beyond your skill level or scope of practice. All persons working with students are encouraged to obtain training in CPR/First Aid training through DHA PHC.
- Call emergency assistance immediately for:
 - anaphylactic reaction
 - amputation
 - bleeding (severe)
 - breathing difficulty (persistent)
 - broken bone
 - burns (chemical, electrical, third degree)
 - chest pain (severe)
 - choking
 - electrical shock
 - frostbite
 - head, neck or back injury (severe)
 - heat stroke
 - poisoning
 - seizure (if no history of seizure)
 - shock
 - unconsciousness
 - wound (deep/extensive)

Reference: "School Health Guidelines Manual," by: Dubai Health Authority



Accident/Incident Reporting

All serious injuries will be recorded in the HSE Phoenix system. A nurse's note and doctor notes will be written on the student medical file for documentation. The incident/accident will also be logged in the clinic logbook. All dangerous occurrences are recorded even if they do not result in serious injury. Any recommendations/actions will be recorded as a Health and Safety report.

Health and Safety and Near Miss Reports

Any health and safety issues that have been brought to the doctor/ nurse's attention will be reported in the HSE Phoenix system.

Fire and Safety Plan

All staff and students are properly oriented with the fire and safety policy of the school. Each has their own responsibility to perform during emergency and fire procedures. A fire evacuation map is posted on the wall of the clinic and will be followed.

Bullying Prevention

Bullying is define as the regular and targeted use of aggression with the intention of causing harm to another person. It can be in the formed of the following, but not limited to; emotional, physical, racist, sexual, visual and cyber. (GEMS Anti-Bullying Policy, June 2019)

All students and staff are fully informed of the school anti-bullying policy. The school gives emphasis on the principle of not tolerating any form of bullying. Any form of bullying noticed by the medical team whether in the form of bruises or minor injuries in any student and staff will be reported following the procedures in the WEK Anti-Bullying Policy.



Emergency Telephone Numbers

SERVICE	TELEPHONE NO.
POLICE	999 (Emergency)/901 (Non-emergency)
AMBULANCE	998/999
FIRE DEPARTMENT	997
WEK 24/7 Emergency	050 331 2259

GOVERNMENT HOSPITALS (ACCIDENT AND EMERGENCY)

HOSPITAL NAME	TELEPHONE NO.
RASHID HOSPITAL	04 219 1000
DUBAI HOSPITAL	04 219 5000
LATIFA HOSPITAL	04 219 3000

PRIVATE HOSPITALS AND CLINICS

HOSPITAL/CLINIC NAME	TELEPHONE NO.
MEDI CENTRE(MOTOR CITY)	04 360 8866
AMERICAN HOSPITAL	04 336 7777
MEDCARE HOSPITAL	04 407 9111
KINGS LONDON COLLEGE HOSPITAL	04 519 9999



Scheduled Physical Examination

The doctor/or nurse will schedule the physical examination of the students enrolled. A consent form will be sent to the parents through an e-mail informing the latter of the physical examination to be conducted two days before the schedule.

Parents will be contacted if they failed to sign the consent. If the parents would not sign the consent, then they will be advised to submit a medical report of their child from their private physician.

According to the Dubai Health Authority guidelines, physical examination will be done for the following student groups:

- a) New admissions
- b) Year 2
- c) Year 5
- d) Year 8
- e) Year 11

The student's name and the medical details will be recorded in the medical logbook.

Parent Communication

A communication/referral letter or e-mail will be sent to parents/guardians if abnormal findings will be identified during the screening (visual, dental), BMI checked and physical examination.

Immunizations and HASANA System

Immunization is an important preventive measure against infectious diseases. This is one way of protecting the body by supporting the immune system in fighting infections. Ensuring that school aged children received the needed vaccines based on DHA Immunization Guidelines; schools are required to implement this important program. Wellington Academy, Al Khail school clinic is a vaccination-qualified clinic.

All enrolled students are required to submit their original vaccination records to the clinic. The school medical team will ascertain the student immunization status by checking the vaccinations they received. If a student is due for vaccination, then a letter will be sent to the parents/guardians informing them. A consent form that will be given a month prior to the scheduled school immunization will be sent to them. If the parent/guardian prefer to have the vaccination of their child to be given by their private doctor, then an updated vaccination record must be submitted to the clinic.



HASANA is a public system that requires all schools to upload the data of all their enrolled students, specifically the immunization details of all their students. This must be completed prior to the scheduled school immunization date.

Health related absentees

All health related absences should be reported to the doctor or nurse. When students return to school after being absent due to health reasons for more than two days they must first visit the clinic to ensure they are fit to attend their class, and/or submit a medical certificate from their doctor stating that they are fit to return to school.

Head Lice

Pediculosis is one of the most common communicable childhood diseases. It is transmitted through direct contact with an infested child. Hence, the possibility of an outbreak in a group is high.

Students found to have head lice will be sent home. The parent/ guardian of the child will be informed and advised to have the child undergo proper and adequate head lice treatment. The student will be re-admitted to the class once he/she is head lice free, as determined by the school doctor or school nurse.

Screening of the rest of the students in the class of the affected child will be performed such that early detection and intervention will be done to prevent an outbreak.

Food Allergy

Wellington Academy, Al Khail is a nut free school. Sharing of food is not allowed as some children have allergies to particular food items.

This policy is effective at any time during which students are on school premises.

Healthy Diet

According to several studies done by experts on the relationship of eating breakfast and academic school performance, it has been shown that students who habitually eat nutritious breakfast perform better in school than those who skip breakfast. (Frontiers in Human Neuroscience, 2013)

Children need a healthy, balanced diet, which is rich in fruits, vegetables and starchy foods such as bread, pasta and cereals. Children should be encouraged to eat a variety of foods to help ensure that they obtain a wide range of nutrients in order to stay healthy.



Parental support is required in promoting a healthy diet by avoiding sweets, chocolates and sugary or fizzy drinks at school, as these foods have little or no nutritional value.

Water

All students are required to have a labeled water bottle at all times. Students are encouraged to drink water regularly throughout the school day.

During the warmer months, students are encouraged to remain in shaded areas/indoors to prevent heat exhaustion/ sun stroke and dehydration.

Sun care

Skin cancer is a serious concern, especially in Dubai where the sun shines almost every day. Heat exhaustion is a potential problem and steps must be taken to prevent it. Parents should ensure that their children apply sun cream in the morning before coming to school. Hats are encouraged to be worn during recess times.

Outdoor Heat Monitoring

During the summer months (May – September) when the outdoor heat increases, the medical team will monitor the temperature on daily basis (www.wunderground.com/ae/dubai), to ascertain whether it is safe for the children to play outside or not. This monitoring is taken twice a day, 15 minutes before each break time. The following Heat Index will be followed:

Between 35-40 degrees Celsius – moderate-lower intensity activities are recommended with regular water break. Students are advised to stay under shade during breaks and lunchtimes. Discretion advised.

Between 40-45 degrees Celsius – lower intensity activities are to be included only for a maximum of 10 minutes. 5 minutes water breaks should be taken between activities. Students should remain indoors during break and lunchtimes due to activities being uncontrolled.

Above 45 degrees Celsius – any physical activity, lunch and break times should be moved into an indoor space with air conditioning.

Health Education

School health professionals will conduct health education sessions with students in order for them to be informed, and gain knowledge on, healthy behaviors that will help in improving their health. The school nurse will coordinate with the respective classes for the health education schedules. The topics to be discussed will be based on the DHA mandatory health education topics.



Infection Prevention and Control

The students and staff are informed of the infection prevention and control procedures written in the school health and safety policy manual.

Universal/Standard Precautions is an approach used by the school to reduce the risk of transmission of a disease through direct contact with contaminated blood and body fluids. The following are being implemented in the school:

a) Hand hygiene technique

Proper hand washing with soap and water for 20 seconds and proper application of hand sanitizer must be done if hands are visibly soiled and after using the restrooms. Hand washing techniques and hand sanitizing procedures posters are found in the designated areas of the school premise.

b) Personal Protective Equipment (PPE)

Wearing of PPE will be based on the risk assessment before doing any health care activity. Staff must assess the risk of exposure or contact of body to contaminated surfaces, blood or body fluids before selecting the proper PPE.

c) Respiratory Hygiene and Cough Etiquette

Staff and students who are sneezing and coughing must cover their nose and mouth with tissue or mask. Dispose the used mask and tissue properly and do handwashing after contact with respiratory secretions. Students with respiratory symptoms associated with fever will be sent home as stated in the presigned school clinic infection control policy form.

For COVID 19 Preventive Measures:

SARS-COV 2 spread through droplet spray, hence, contact and droplet precautions must be practiced, such as:

a) Wearing of Mask

b) Physical distancing

c) Frequent hand washing and/or used of alcohol-based hand sanitizer



Needle Stick Injuries

Injuries from needles used in medical procedures are called needle-stick or sharp injuries. Sharps include syringes, scalpels, lancets and glass from broken equipment. This type of injuries caused a potential risk of acquiring blood-borne diseases, particularly but not limited to Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

In the event of needle-stick injury, the following must be done immediately:

- Wound should be washed with soap and water but without scrubbing. Antiseptic and skin washes must not be used.
- Encourage bleeding of punctured wound gently under running water. Wound must not be sucked.
- An incident report will be submitted to HSE Phoenix system
- A baseline blood work-up of the injured student/staff will be done. This will include Hepatitis B surface antibody titer, Hepatitis C antibody titer and HIV antibody level.
- Post-exposure prophylaxis will be followed.

For Hepatitis B – If the injured person has been vaccinated then no treatment will be given. However, if he/she is unvaccinated then give Hepatitis B Immunoglobulin and administer Hepatitis B vaccine series.

For Hepatitis C – No treatment is currently recommended.

For HIV – If the source is positive or unknown, the injured person will be referred to an infectious specialist doctor for a mandatory 4-week regimen of two types of HIV drugs that must be started within 48 hours post-exposure.

CORONAVIRUS-19 DISEASE (COVID 19)

Severe Respiratory Syndrome-Coronavirus 2 (SARS-COV2) is the virus causing Coronavirus Disease 19 (COVID 19). It's mode of transmission is mainly droplet spray and has been proven to spread fast amongst people in closed proximity, leading to it becoming pandemic. Preventive measures have been outlined to curtail its spread. The school clinic will abide to the GEMS Health and Safety Guidelines and the Standard Operating Manual for all GEMS school clinic in its daily operation in the prevention of the transmission and occurrence of this disease amongst students, staff, parents and visitors during school hours.

GENERAL GUIDELINES

1. School medical team must wear appropriate personal protective equipment during clinic duty.
2. Students, staff and visitors with temperature greater than or equal to 37.5 degrees Celsius will not be permitted to enter the school premises.



3. Students, who developed temperature greater than or equal to 37.5 degrees Celsius whilst at school, will be brought to the clinic for monitoring of temperature. Upon re-checking of temperature if:
 - a) The repeat temperature is less than 37.5 degrees Celsius and the student has no other signs and symptoms, then he/she will be allowed to go back to his/her class.
 - b) The repeat temperature remains greater than or equal to 37.5 degrees Celsius, then, further assessment will be done by the doctor.
4. The clinic will adhere to 1:1 ratio (one doctor/nurse: one student) occupancy policy to prevent overcrowding and to maintain the 1-meter social distancing inside the clinic.
5. “No pass, no clinic entry” policy will be strictly followed. Student must present a clinic pass from their teachers or teachers may email the clinic informing that a student will be sent for medical assessment. Except in cases of emergencies.
6. All students and staff that enter the clinic, must pass through the triage area, where the nurse on duty will perform the following:
 - a) Check the temperature
 - b) Data entry and quick assessment by filling up the triage checklist
 - c) Provide face mask, if needed
7. Unwell students and staff will be categorized based on their presenting complaints. These categories are the following, but not limited to:
 - a) With fever and respiratory symptoms
 - b) Fever without respiratory symptoms
 - c) Without fever but with respiratory symptoms
 - d) Suspected COVID 19 case*
 - e) Unwell but no fever and no respiratory symptoms
 - f) Others (minor injuries, epistaxis and others)
8. All students and staff with respiratory symptoms, with or without fever and suspected COVID 19 cases, will be placed in the school isolation room.
Flowchart for treatment of students, who are unwell will be followed in the management of the above cases.
9. Students and staff who belonged to the vulnerable/ high-risk groups**must present a medical clearance certificate from their respective doctors, stating that it is safe for them to be present on campus. In the absence of such certificate, they will not be permitted on the campus.
10. Student and staff, who are unable to wear a mask due to some existing illness, must provide a medical certificate from their respective doctors, stating the same.



ISOLATION ROOM

The Isolation room is located on the ground floor, right next to the main clinic. A nurse, wearing appropriate PPE, will be on duty to closely monitor students brought for isolation, until her/his, parents/guardians will pick up the student.

The following cases, but not limited to, will be placed in the isolation room:

- a) Students and staff with respiratory symptoms, with or without fever
- b) Suspected COVID 19 case
- c) Students and staff presenting signs and symptoms of other infectious diseases aside from COVID 19

Deep cleaning/sanitization will be done every after used of the isolation room and/or between patients.

TRANSPORT (SENDING HOME AND EMERGENCY) and FOLLOW-UP

Any students and staff who are unwell, having respiratory symptoms and showing signs and symptoms of COVID whilst at school, will be sent home. The parents/guardians will be notified immediately by the doctor/nurse to pick up their child as soon as possible. A referral note will be given to parent/guardian to bring their child to clinic/hospital for further evaluation and management.

All students/staff must adhere to “stay home, if unwell” policy implemented by the KHDA and DHA.

Follow-up will be done to all students/staff who were advised to do RNA-Polymerase Chain Reaction (RNA-PCR) test for COVID 19. They are not allowed to return to school until PCR result is obtained. If the PCR result is:

a) Negative

The student/staff may return to school as long as they are symptom-free and with medical certificate from their respective doctor, stating that they are not probable COVID 19 case and medically fit to resume schooling. However, even if the PCR result is negative but based on the clinical assessment by their doctor that they are a probable COVID 19 case, then the patient must continue quarantine until symptoms resolve.

b) Positive

The student/staff must follow the DHA COVID 19 positive case protocol. Contact tracings will commence in school. Procedures on contact tracing stated in the GEMS Standard Operating Manual for School Clinics will be followed.

For those students/staff who are asymptomatic or mild case, they will be allowed to go back to school after a 10 days isolation and must present a clearance from isolation given by DHA.

In case of Emergency, the guidelines on school emergency will be followed. The isolation room nurse wearing full PPE will accompany the patient to the hospital of parents/guardians' choice or to the school affiliated hospital, for further management.

Procedure on sending off a student from:

A. Main Clinic

1. After the doctor/nurse informed the student's parents/guardians to pick up their child, the nurse will send an email to the teacher in charge and to the reception that the student will be sent home and will be picked up by parents/guardians.
2. Main reception will call the main clinic, once parents/guardians arrive at school.
3. Nurse on duty at the main clinic will bring the student to the main reception.
4. Parents/guardians who pick up the student will sign the Send Home logbook.
5. Exit pass will be given from the reception.

B. Isolation Room

1. After the doctor/nurse informed the student's parents/guardians to pick up their child, the nurse will send an email to the teacher in charge and reception that the student will be sent home.
2. The nurse on duty at the isolation room will call up the security guard on duty informing him that a student will be picked up by a parent/guardian from the isolation room. The nurse will give the name of the student to the security guard on duty.
3. Security guard on duty will inform the parents/guardians once they arrive at school, not to come down from their car but he will give instruction to the parents/guardians to park in front of the FS Entrance/Exit door.
4. Security guard will immediately call the isolation nurse informing her that the student parent/guardian arrive and waiting in front of the exit door.
5. Isolation nurse will then escort the child to the parent/guardian car. Parent/guardian will sign the Send Home logbook.
6. Exit pass will be given to the parent and will be instructed to surrender to the security guard at the gate.



DOCUMENTATION, REPORTING AND CONTACT TRACING

1. Students and staff seen and admitted at the isolation room will be logged.
2. Medical certificates/waivers from vulnerable/high risk students and staff will be kept in the clinic.
3. Suspected COVID 19 cases will be reported to the school MSO and Phoenix. If the PCR test is positive and the patient is classified from suspected to a confirmed COVID 19 case***, school MSO and SLT will be notified immediately. School doctor/nurse will submit report to the Phoenix/HSE as well as to DHA -IDNS system. On the other hand, if the PCR test of the suspected case is negative but he/she is considered a probable COVID 19 case, then doctor/nurse will inform the MSO.
4. Contact tracings**** of all closed contacts***** of the confirmed COVID 19 positive case will commence and will be spearheaded by the school MSO (head of health and safety) and SLT. An approved contact-tracing letter will be shared to the parents/guardians of the closed contact students. The clinic will keep the list of all closed contacts, as shared by the MSO and SLT. DHA protocol for contact tracings will be followed. Close contacts can resume school without isolation unless they start to have symptoms, If so a COVID 19 PCR test is required, If negative the student can resume school, If positive test, confirmed COVID 19 case protocol will apply.

**Suspected COVID 19 Case* – is a patient who presents with upper or lower respiratory symptoms, with or without fever ($\geq 37.5^{\circ}\text{C}$) AND satisfying any one of the following criteria:

- o International travel history during the 14 days prior to symptom onset.
- o Been a close contact with a confirmed COVID-19 case.
- o Residing in a community setting where COVID-19 cases have been detected.
- o Cases of influenza-like illness without history of travel or known possible exposure.

***Vulnerable/High risk groups*

- ✓ Students/Staff with chronic conditions, such as, but not limited to the following:

- a. Diabetes Mellitus
- b. Serious heart conditions like Ischemic heart disease
- c. Uncontrolled hypertension
- d. Chronic lung/respiratory disease including moderate to severe asthma



- e. Chronic kidney disease and renal failure
- f. Chronic liver disease
- g. Cancer patients who are still undergoing treatment
- h. Use of biologics or immunosuppressive medication
- i. History of transplant
- j. People of any age with severe obesity (BMI more than 40) or certain underlying medical conditions particularly if not well controlled
- k. Any health conditions that may compromise immunity
- l. People with disability (people of determination)
- m. People staying at long term centers

****COVID 19 Confirmed Case* – any person with a positive RNA-PCR test result for COVID 19 infection that is reported by an approved laboratory, irrespective of clinical signs and symptoms

*****Contact tracing* – the process of identifying individuals who have been in close contact with a known positive COVID 19 patient, in a proximity of 2 meters for a period of not less than 15 minutes.

******Closed contact* – is a person who is exposed to a confirmed COVID-19 case, within a proximity of one (1) meter or less, for a period of more than 15 minutes, with or without wearing masks, or who is in direct physical contact with the case (like hand shaking). This could be at work, in educational settings, at home, while using public transportation, etc.

References:

DHA: COVID 19 Command and Control Center, 6th Issue May 2022
GEMS Standard Operating Manual for School Clinics for COVID 19 Pandemic
GEMS Health and Safety Guidelines for Reopening School Premises 2022



Student Assessment Criteria

Each student entering the clinic will be assessed based on the following, but not limited to:

- ✓ checking of vital signs, especially the temperature at the triage area
- ✓ history taking of the presenting complaints/symptoms
- ✓ physical examination

After assessment, the student will be categorized either needing an immediate care or emergency care, and/or to be transferred to the isolation room or to be treated at the treatment room. Parents/guardians will be informed through call or email, if unable to respond after three call attempts by the nurse, regarding the status of their child.

Stay Home If Unwell

Students and staff who are sick, i.e. with fever, flu-like symptoms amongst others, whilst at:

a) Upon arrival to school or During the day

- They must proceed to the school clinic for assessment. After assessment, if there's a need for them to be separated from others, they will be transferred to the isolation room.
- Parents/Guardians will be notified immediately to pick up their child. The staff will be sent home. The parents/guardians of the sick student and the unwell staff will be advised to seek further evaluation and management.
- They must stay home until they are symptoms-free
- A medical certificate must be submitted on the day that they report back to school, especially for those diagnosed with infectious diseases listed in the DHA Standards for Clinics in Educational and Academic Setting.

b) Home

- They must stay home until they are symptoms-free.
- Parents/Guardians of sick child should inform the school clinic and their child's teacher. Staff on the other hand, must inform the HRD and their line manager. The HRD will send an email to the school clinic informing the latter.
- A medical certificate must be submitted to the clinic on the day that they report back to school, especially for those diagnosed with infectious diseases listed in the DHA Standards for Clinics in Educational and Academic Setting.

For students/staff who were requested to do a COVID PCR test, they must inform the school of the result. The DHA protocol will be followed for managing a confirmed COVID case. (Please see school clinic guidelines on Coronavirus Disease 19)



Medical and Hazardous Waste Management

The school clinic generates different types of waste products. Each waste material has its own designated, colored garbage bag and bin, which is properly labeled.

Waste contaminated with blood or other bodily fluids and expired; unused or contaminated drugs are placed in yellow-colored plastic bags and labeled as infectious materials. The general waste (non-infectious) will be thrown into the black-colored plastic bags. All bags will be tied, labeled and secured before they are removed from the clinic daily. These plastic waste bags will be brought to the waste storage area located on the school premises. Every week a company specializing in collecting, transporting and discarding medical waste will collect these waste materials.

Syringes, needles, blades and scalpels will be disposed in the sharps container placed above the ground. Disposal of the sharp container will be done every after 3 months from the time it is open or if it is 2/3 filled up.

Safe Use of Chemicals Used for Infection Control

Disinfection is a process of using chemical agents to inactivate or destroy microorganisms on surfaces and inanimate objects. These chemical agents if not used properly may harm the human body to ensure that the chemical agents used in disinfecting the school clinic is safe, the school authorized cleaning company will share the safety data sheet of these agents, which are in compliance with the requirements provided by the Dubai Municipality.

Laundry Services

All soiled linens will be placed in the laundry hamper kept in the clinic. At the end of the week, a school authorized laundry service company will collect the soiled linens by placing them in plastic bags, sealed and labeled "soiled linens."

Monitoring and Maintenance of Medical, Electrical and Mechanical Equipment

Ensuring that all equipment in the clinic are in good working condition, a school authorized company specializing in Planned, Preventive Maintenance (PPM) checks all of every 6 months. A sticker is placed on each equipment every after maintenance checked. The company will provide the clinic a copy of the preventive maintenance form of each equipment. The clinic will log every preventive maintenance done as well as report those that are defectives or not working properly.



Diabetes Mellitus Care Management and Insulin – Glucagon Administration

The school aims to ensure that student diagnosed with Diabetes Mellitus, will participate and benefit fully to the educational opportunities offered by the school. The effective way to achieve this goal is for the parents/guardians to fill up completely the Diabetes Care Plan of their child.

The school medical team will ensure:

- ↗ All students with Diabetes Mellitus have complete, accurate and updated documents.
- ↗ All those involved in the care of student while in school is made aware of the child condition
- ↗ All medications received for the student should be clearly labelled with the child name, class year and section, should be in original container as dispensed by the pharmacist with expiry date and instructions

The following supplies will be in the premises at all times:

- ↗ For blood glucose level checking: Glucometer, test strips and lancets
- ↗ Medicine of the student (with signed Medicine Authorization Consent)
- ↗ Juice-containing sugar
- ↗ Insulin
- ↗ Glucagon kit

In the event of Hyperglycemic/Hypoglycemic Emergency:

- ↗ Blood glucose level will be checked
- ↗ Appropriate first aid treatment will be provided by the school medical team as deemed necessary
- ↗ Parents/Guardians will be notified
- ↗ Parents/Guardians may opt to collect the child or the school may arrange for transport to hospital of choice as deemed necessary by the school medical team

The Diabetes Care Plan will contain the following:

- ↗ Date of Plan
- ↗ Student name, class year and section
- ↗ Type of Diabetes and date of diagnosis
- ↗ Name and contact numbers of parents/guardians and attending physician
- ↗ Level of independency of the student to check and manage his/her blood glucose level
- ↗ Guidelines for need to check blood glucose in the school



- ↗ Guidelines for Insulin therapy
- ↗ Guidelines for Glucagon therapy
- ↗ Signed consent for information sharing and emergency treatment

This information is documented as part of the child school medical record.

School Health Records

- Each student has a medical file in school. These health files will be kept inside a locked filing cabinet in the clinic to ensure privacy and confidentiality.
- Parent/guardian will be requested to fill up the school medical/health record at the start of academic year. This includes signing of informed consent and submission of their child's immunization records.
- If the student has transferred from another Dubai school, the medical file has to be collected from the previous school clinic.
- When a student transfers to another school in Dubai, the medical file will be given to the parent or to the new school on request. Any transfer of files should be recorded and signed for in the clinic's file transfer register.
- ✓ Students leaving Dubai for their home country can be given their medical file but it should be brought back if ever they return to education in Dubai. This too will be recorded in the 'file transfer register' and the parents will sign for it.
- ✓ The health record shall be maintained by the school for a minimum of five (5) years after the student turn eighteen (18) years old, or five (5) years after the student leaves the school.

Annual Reports to DHA

An Annual Report is submitted to DHA, which should include the following:

- . School Information
- . Health education records
- . Comprehensive Medical Examination
- . Body Mass Index (BMI)



. Chronic Diseases record

- . Notified Communicable Diseases
- . Immunizations
- . Number of Referrals
- . First aid administration
- . Visual Screening

Medical Staff (Plan, Management and Privilege)

Gems Wellington Academy, Al Khail has one full time DHA licensed physician and four full time DHA licensed nurses. This complies with the requirement of DHA, SHS for clinic staffing.

The medical team is under the supervision of the school Manager of School Operations (MSO). The school will assist all medical staff in completing their Continuing Medical Education (CME) points, as a requirement for their DHA license renewal. The school management provides the malpractice insurance and personal insurance of each clinic staff. The medical staff will have the same benefits with the other school employees such as annual leaves, holidays amongst others.

Business Continuity

Any member of the medical staff who will go on any form of leaves (annual, sick leave, emergency leave, educational leave, maternity leave, others) must fill up the school official leave form and submit it to their line manager for approval.

If the absence of the staff could disrupt the daily clinic functions, then the line manager will request the MSO for a temporary health care worker to fill up the vacancy. It will follow the GEMS policy in requesting/hiring a temporary worker, through the assistance of the human resource director.

School Counselling

The school clinic focused is not only in the physical but as well as in the emotional, social and moral well-being of all students, parents/guardians and staff especially during this worldwide health crisis.

The medical team reaches out to the school counselling team who are always ready to provide advices and support to those students, parents/guardians and staff who needs assistance.

References:

Standards for Clinics in Educational and Academic Settings, DHA, SHS 2022
GEMS Health and Safety Re-Opening Guidelines
GEMS School Clinic Re-Opening Operating Manual
KHDA the Final Re-Opening Protocol



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