GREENWOOD INTERNATIONAL SCHOOL

MEDICAL POLICIES AND PROCEDURES

Vision: To develop leaders in all walks of life through quality learning and teaching.

Mission: An eco-friendly, learner-centric institution of excellence dedicated to developing global citizens equipped with knowledge, moral values, cultural understanding, and devotion to tolerance who will lead at the national and international stage.

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At Greenwood International School, we aim to keep the students safe and healthy physically and psychologically by providing a caring environment. We help increase student’s awareness on health matters especially infection control through effective health education programs. We monitor their health status, growth and development regularly.

The school clinic operates based on Dubai Health Authority (DHA) rules and guidelines.

1. **Facilities and Staff**

The Medical Center is well equipped to cater on individual needs, from first aid kits to Automated External Defibrillator (AED). We are a Vaccine Qualified Clinic. We administer immunization to students.

We have a full time Physician and two Nurses manning the clinics, all of which are licensed from the Dubai Health Authority.

To support the aim of delivering the best quality in service, The Medical Team undertake a mandatory competency training such as Basic life support and Pediatric Advance Life Support that provides updated knowledge and skills needed to make competent judgments and decisions in practice.

2. **The Policies and Procedures**

   **A. Medical Examination**

Performed by the school Physician yearly to those students who are new to the school, on its 1st, 5th, 9th and 12th grade. The parents are notified for any untoward results.

   **B. Follow Up on Growth and Development**

Children are screened annually by the school Nurses for the routine height and weight evaluation. We give notifications and referrals to Dieticians to parents whose children fall under the altered BMI category (Overweight, Underweight and Obese).
We encourage the students to do lifestyle change, from their food intakes to engaging in more physical activities.

**C. Immunization**

Performed by the school Nurses under the supervision of the school Physician. We submit request to DHA and wait for the approval of the requested schedule. The DHA provide the needed vaccines and injection supplies.

Parents are notified of the upcoming schedules. For those parents who approved school vaccination, they are requested to fill up and sign a vaccination information sheet and submit it together with the original vaccination card for documentation of the vaccine administration.

Reports are sent to the DHA after vaccine administration for reference.

**Student screening**

- Check the student’s health condition prior to vaccine administration (e.g. temperature, present illness)
- Ensure that all necessary documents are provided and signed (e.g. consent form, vaccination information sheet, original vaccination book)

**Vaccine monitoring**

- Carefully check the vaccine for potency
- Take note of the production and expiration date
- strictly adhere with the standard Cold Chain and vaccine monitoring procedure.
- The refrigerator’s being monitored for any fluctuation of electricity. The thermometer’s being calibrated annually.

**Preparation and Administration**

- If the vaccine is in powdered form, make sure to use the diluent provided for the specific vaccine.
- Once reconstituted, the vaccine must be either administered or discarded as per the time guideline specified by the manufacturer.
- Filling the syringes with vaccines in advance is strongly discouraged due to increased risk of decreasing the potency of vaccine and chances of administration errors.
• All syringes filled with vaccines that are not administered at the end of the day should be discarded properly.

In practice, a sterile single use of injection must be followed. A safe injection doesn’t harm the recipient, doesn’t expose the health care worker to any avoidable risk, and doesn’t result in waste.

D. First Aid and Medicine Administration

All minor injuries are attended and documented for future reference. After doing assessment, if the student needs to take oral medication, we take consent from the parents thru calling first. The school clinic administers medicines which are listed on the Doctor’s signed standing order such as analgesics, antipyretics, antispasmodics and antihistamines.

If the child needs to go home, parents will be notified and asked to take them. No child can leave the school without a companion. An exit pass will be issued and should secure signature of the necessary individual and will be logged for reference. Students cannot leave the school premise without securing the exit pass.

In cases where in the child cannot perform activities related to Physical Education, the Medical Team can provide a note to the instructor for exemption given the fact that the child is under medical condition.

With regards to administration of prescribed medicines, we request the parents to provide a copy of prescription coming from the attending Physician of the child and a letter requesting the Medical Team to administer. The medication should be in its original container labeled with the student’s name, dosage and time of administration. The school clinic reserves the right to dispose of all expired and unclaimed medicine.

First aid kits are kept in places where minor injuries can possibly occur such as the gym, canteen, laboratories and buses. The kits are regularly checked for availability of supplies and expiration.
First Aid for Common Illnesses and Injuries in School

Stomach pain
- Do assessment
- Inform the parent
- Administer medicine as needed
  (e.g. antacids, anti-flatulence, paracetamol, anti-spasmodic)
- Documentation in medical health file

Acute ear pain
- Investigate if there is history of injury or trauma
- Check the ear for presence of foreign object, cerumen, discharge, bleeding or swelling.
- Inform the parents
- Administer analgesics to relieve pain and discomfort
- Refer to ENT as needed
- Documentation in medical health file

Cut wound, punctured wound and abrasion
- Investigate where and how the child sustained the wounds
- Clean the wound with soap and water
- Disinfect the wound using antiseptics
- Dress the wound
- Inform the parents
- Documentation in medical health file

Fever
- Inform the parents
- Administer antipyretic to decrease temperature
- Do sponge bathing as needed
- Send the child home
- Documentation in medical health file

Nausea and vomiting
- Assist the child into sitting position
- Check vital signs
- Limit movement
- Limit food and water intake
- Inform the parents
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- Give anti-emetic as needed
- Documentation in medical health file

Epistaxis
- Investigate if the bleeding is related to trauma
- Position the child properly, with head tilted forward
- Compress the nose
- Inform the parents
- Documentation in medical health file

E. Care of Students with Chronic Illnesses

For students who are suffering from chronic illnesses such as Diabetes, Bronchial Asthma and Allergies in particular, The Medical Team requests the parents to submit the following;
- A health care plan and an emergency kit labelled with the student’s name
- A written letter authorizing the Medical Team to administer emergency medication and care.
- Updated medical report

The Teachers of those students under the Chronic List will be notified and educated on how to deal with the student’s condition and when to seek medical help.

Diabetic Care and Management
- Normal blood glucose level for diabetics should be **70-130 mg/dl before meals** and **<180 mg/dl after meals**

Hyperglycemia

> 240 mg/dl for those using the insulin pump
> 300 mg/dl for children using insulin injection

*Note: If left untreated, the child will be at risk of ketoacidosis*

If blood glucose is >300mg/dl - Call the parents and administer insulin
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If blood glucose is 180-300mg/dl – does not require insulin administration but the child needs to drink plenty of water to urinate frequently.

**Hypoglycemia**

< 70mg/dl

If the child suffers from hypoglycemia, we provide a sugar source immediately to the child, check blood sugar after 15 mins and repeat the procedure if the sugar is still low.

If the child is unconscious, The Medical Team administer glucagon 1mg intramuscularly (buttock), turn the child to side and call 998 for emergency transport.

**Bronchial Asthma Care and Management**

Students with Bronchial Asthma needs to be educated when it comes to symptoms and management. It is very important for an asthmatic child to know when to seek medical help. Each child should provide an asthma kit which can be used on the onset of an attack. The child can use the bronchodilators provided in the kit to relieve symptoms or attack.

The kit includes:

- The puff
- The spacer
- The bronchodilators nebulisers
- EpiPen in cases of exacerbation

Parents are notified and if necessary, they are requested to bring the child to the hospital for further treatment and management.

All cases of asthma attack and interventions are documented in the child’s medical health file for reference.

**Allergy**

Allergy can be as minor as skin irritation and can be life threatening as well. While we safeguard the health of the students, it is still impossible to keep the school allergy free.
Since most students don’t know their allergens, we should strictly impose rules specially for those who have food allergies.

- No sharing or trading of foods
- Eat only what’s inside their lunch bag

The Teachers and Assistant Teachers needs to take note of those who has allergies and how to deal with the students in cases of exposure to allergens. Parents are requested to provide an allergy kit which has;

- anti- histamine syrup and creams
- and EpiPen

For minor allergic reactions, The Medical Team administer anti-histamine syrup or cream, depending on the reaction.

In cases of moderate allergic reactions, parents are notified and advised to bring the child to the hospital for further treatment and management.

For severe and life-threatening allergic reaction, The Medical Team will administer Epinephrine and call 998 for emergency transport of the child to the nearest hospital.

All cases of allergic reactions and interventions are documented in the child’s medical health file for reference.

**F. Health Record Management**

As per Dubai Health Authority’s regulation, the school maintains a complete, comprehensive and accurate health record of each student which consists of;

- A recent medical history, growth and development charts and physical examination.
- Allergies and chronic diseases are highlighted. If the child has pre-existing condition, we request the parents to notify the clinic, so we can deal with the child's condition in case of emergency.
- Stamped documented notes
- Vaccination records and medical reports are attached and updated regularly.
Medical files are transferred through school. A copy is being made once the student leaves the school and is kept for future reference.

The school reserves the right to dispose all unclaimed medical files after five years of student's leave.

G. **Head Lice**

Head lice are small insects that live on the human scalp. They are very common among school children and cause concerns and frustration for both parents and children. While parents have the primary responsibility for the detection and treatment of head lice, the school help in detection and prevention of transmission through inspection of suspected cases and giving health awareness thru educating the students.

- Routine head check is not necessary in school. There is no specific instruction from the Dubai Health Authority to routinely check the head for lice or nits. For suspected cases, the Medical Team can check the child and inform the parents.
- For confirmed cases of live lice, the child can stay in class with her hair tied (for girls) for the rest of the day and will be excluded from school until the treatment worked.
- Parents will be requested to treat the child with over the counter lice shampoo or spray and use a fine-tooth comb to remove it until the lice are totally eradicated.
- Repeating the procedure may be necessary at least once a week to prevent reoccurrence of head lice.
- The child needs to be rechecked by the Medical Team before joining the class after exclusion.
- For cases of hair nits, the Medical Team will give the letter to the parents, advising them on how to manage and remove hair nits. No exclusion needed.
H. **Emergency Patient Transfer and Referral**

**Emergency Management**

The school clinic is equipped with appropriate medical equipment, supplies and pharmacological agents needed to provide the cardiopulmonary resuscitation and other emergency services.

In cases of **high emergency levels**, we inform the parents, arrange for an ambulance by calling the hotline 998 and refer the child to a secondary care level (hospital/health center).

If in case the child needs to be transported to the hospital on **moderate emergency level** and the parents cannot come quickly due to unavoidable circumstance, the nurse will accompany the child and the school administration will arrange transport via school vehicle.

For **low emergency levels**, the school clinic will manage and provide care after taking consent from the parents.

**Referrals**

After thorough assessment of the child, those who need further treatment and/or management should be referred accordingly. A written notification will be given to the parents to assist them on how to deal or manage their child’s condition.

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I. **Parent Notification**

Parents notification is essential in care administration of students. Parents needs to be notified whether via telephone, circular or email at any time.

- Parents notification via telephone for immediate advice and concerns such as injuries, fever and medicine administration.
- Parents are notified thru circulars/emails for the vaccination programs.
- After performing medical examinations and height and weight evaluation, in case the student has altered BMI, parents are notified via circular.
- For any upcoming Medical programs and campaigns, parents are being notified through circular to take approvals.
J. Infection Prevention and Control

Infection prevention and control measures aim to ensure the protection of those who might be vulnerable to acquiring infection. The basic principle of infection control is proper hygiene. Most of our health education sessions talk about proper hand washing and good hygiene.

As for contagious illnesses, we follow the DHA guidelines for certain conditions that need exclusion from schools.

Children with temperature of **37.8 degree** Celsius should be kept at home. If the child develops a fever during the day, parents will be notified and asked to collect their child as soon as possible.

With regards to contagious illnesses, the DHA clearly documented guidelines for those conditions that require exclusion from the school. The period of exclusion varies accordingly to condition. Commonly seen conditions are conjunctivitis, chickenpox, gastroenteritis, hand-foot and mouth disease.

Parents/guardians should inform the school if their child contracted a communicable disease and should only send back the child to school after the attending Physician issued a medical certificate clearing the child from period of communicability.

If the child was diagnosed with communicable disease and will join the class after recuperation, the child needs to be checked my The Medical Team and should be asymptomatic.

Those students who develop fever in the school should be picked up immediately. Sending sick student in the school bus is strictly not allowed.
List of Common Communicable Diseases and Exclusion Procedure

**Chickenpox**  
Incubation period – 13 to 17 days  
Exclusion of case - Excluded from school until vesicles becomes dry, 10 days after the appearance of rash, or until certified free from communicability by the attending physician.

**Measles**  
Incubation period – Approximately 10 days, but may vary from 7 to days, or longer as 14 days until the rash appears.  
Exclusion of case – Until 5 days from the appearance of rash, or until certified free from communicability by the attending physician.

**Mumps**  
Incubation period – 12 to 18 days, maximum 25 days  
Exclusion of case – until 9th day from onset of swelling, or until certified free from communicability by the attending physician.

**Influenza**  
Incubation period – 1 day before onset of symptoms. Average of which is 2 days but can extend to 4 depending on the person’s response to exposure.  
Exclusion of case - until 7 days after the onset of symptoms or until certified free from communicability by the attending physician.

**Hepatitis A**  
Incubation period – 15 to 50 days, the average of which is 28 to 30 days.  
Exclusion of case – 1 week after the onset of illness or jaundice until certified free from communicability by the attending physician.

**Hepatitis B**  
Incubation period – 45 to 180 days, the average of which is 60 to 90 days.  
Exclusion of case - until certified free from communicability by the attending physician.

**Rubella**  
Incubation period – 16 to 18 days
Exclusion of case – 5 days after the onset of rash, or until certified free from communicability by the attending physician.

**Typhoid Fever**
Incubation period – 1 to 3 weeks
Exclusion of case - until certified free from communicability by the attending physician.

**Conjunctivitis**
Incubation period – 24 to 72 hours
Exclusion of case – until discharge from eyes has stopped or until certified free from communicability by the attending physician.

**Hand, Foot and Mouth Disease**
Incubation period – 3 to 6 days
Exclusion of case – until the lesions have dried or until certified free from communicability by the attending physician.

**Diarrhea**
Exclusion of case – until no diarrhea for 24 hours

**Pertussis**
Incubation period – commonly 7 to 10 days, rarely more than 14 days
Exclusion of case – until 2 weeks after the onset of illness or until certified free from communicability by the attending physician.

**Impetigo**
Exclusion of case – until sores have fully healed. The child may be allowed to return earlier provided that necessary treatment and care was administered and that sores on exposed areas are properly dressed.

**Scabies**
Incubation period – 2 to 6 weeks before itching occur in person exposed for the first time. For reoccurrence, it’s 1 to 4 days.
Exclusion of case – until appropriate treatment administered
K. Medical and Hazardous Waste Management

The health and wellbeing of a work place is critical to the success of the organization. Greenwood International School manages medical and hazardous waste through a tie up contract with one of the trusted waste handlers in UAE, the Dulsco General Trading.

Dulsco offers medical waste collection service that provide solution to the dangerous practice of haphazardly dumping medical waste materials, which can pose a serious threat to the health and safety of our community.

They have a custom designed medical waste collection vehicle, manned by highly trained employees who adhere to all required safety and hygiene standards and are fully equipped with protective equipment including medical gloves, apron, mask and safety shoes. They provide a biodegradable waste collection yellow bags, bins and sharp boxes for proper waste disposal.

Medical Team Obligation

▪ Ensure that the bins are properly labelled (e.g. medical and general waste)
▪ Observe proper waste disposal.
▪ A single use of injection devices must be practiced. A safe injection doesn’t harm the recipient, doesn’t expose the health care worker to any avoidable risk, and doesn’t result in waste.
▪ Label the sharp box, indicate the date when you started using it. Keep the sharp box above ground level, away from children’s reach. Sharp box should be disposed after filling 2/3rd of the bin or when it’s already in use for 3 months.
▪ The safe collection and disposal of medical waste is a major part in infection prevention and control. Dispose the waste regularly.
▪ Remove the waste bags daily.

Needlestick injury

Needlestick injury is the penetration of the skin by a needle or other sharp object which has been in contact with contaminated blood and bodily fluids before the exposure. Strict compliance to no recapping policy should be observed.

▪ Wash the injured area with soap and water thoroughly
▪ Report the incident to the Medical Director and Principal
▪ Seek Immediate medical treatment if necessary
Both concerned individuals should be tested immediately to find definitive current health condition

L. Child Welfare

Greenwood International School strongly believes in the safety and welfare of all the children in its care. The School's responsibilities are exercised through special procedures. The School's Child Protection Policy exists to provide a structured framework within which such procedures can be established and operated.

Aims

- To ensure, that the school operates in a way that prioritizes care for the individual child.
- To make sure that all the teaching and support staff at the school are aware of and implement the correct procedures that apply in cases that involve Child Protection issues or abuse in its four main forms; physical, verbal/emotional, sexual and neglect.

Child Protection Team

The Child Protection Team at the school consists of four members; the principal, the deputy principal, the school doctor and the school counselor.

M. Fire and Safety Plan

Greenwood International School is committed to the safety and security of each student, staff and visitor. The school has an emergency crisis plan which includes fire management training for all school personnel and fire drills for all done twice a year.

The fire evacuation maps are posted everywhere in the school for reference. Firefighting equipment are available. All possible hazards that might lead to slip, fall, electrical shock, burns and poisoning are eliminated.

In the event of fire or smoke has been detected, the fire alarm system will be activated automatically.
The staffs, students and visitors need to evacuate the building using evacuation routes.
- No one may re-enter the building until declared safe.

**N. Staff Orientation and Training Program**

The Medical Team and other school employees are given Professional Development Training to facilitate learning and development, expedite acquisition of the knowledge, skills and abilities required for effective job performance.

The management carefully select the qualified non-medical staff to attend the basic first aid training program, to help in dealing with minor medical cases in and out of school.

Selected staffs are also trained for firefighting and evacuation training which can help in evacuating the students in case of fire.

**O. Lost and Found**

Greenwood will not be responsible for any personal losses in clinic. However, any named items found within the vicinity of the school clinic will be forwarded to the designated head of the students and those unnamed items will be kept in the designated lost and found area where children can identify their belongings. At the end of the school year, items unclaimed will be donated as found suitable by administration.

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