



CREDENCE HIGH SCHOOL, DUBAI

MEDICAL POLICY

2018-19

OUR VISION

To be an institution that nurtures free and happy minds thereby empowering students to excel and contribute to the society in the field of their choice.

OUR MISSION

Tailor an inclusive and supportive campus that offers a sense of belonging, happiness, physical safety and intellectual freedom to all of our students.

Harvest the innate talent of each child to build a school community of individual achievement and collective excellence.

Instill an acute sense of values and ethics in each of our students so they may be always known for their personal integrity and probity.

Nurture an international cross-section of students so they may learn to live in a globalized world and contribute in building a united, tolerant, caring society.

Kindle and keep alive the spark of curiosity in our students through the provision of ICT facilities and resources that support a research – oriented, independent and enquiry based learning.

INTRODUCTION

In its effort to care for the wellbeing of the students and in line with the guidelines of the regulatory body-Dubai Health Authority (DHA), the school clinic aids in the day-to-day caring and wellness of the students. The Primary responsibility of the School Medical Clinic is to provide first aid procedure, clearly defined by the regulator. The school aims to keep students safe, secure and healthy at all times by providing a safe and caring environment where a sense of physical, mental and emotional wellbeing is nurtured.

MEDICAL FACILITY-GUIDELINES

There is a well-equipped clinic with one full time registered nurse and a part time doctor. Automated external defibrillator and first aid kits are available in case of emergencies.

In accordance with regulation of Dubai Health Authority, all schools are required to conduct medical examination of the following students:

- All new students.
- All year 5 students.
- All year 9 students.
- All students leaving the school.

PROCESS FLOW

- The school is equipped with the Medial Centre/School Health Clinic, which is set up in accordance with the requirements and apparatus prescribed by the DHA.
- The school has a visiting Doctor (holding a DHA license) for the periodic general checkup of the students.
- The Doctor communicates any medical issue observed, to the parent for further investigation.
- The school has an in-house nurse (holding a DHA license) who attends to the day-to-day medical needs of the student.
- In case of an emergency, the clinic staff will provide parents with provisional diagnosis; without the availability of diagnostic facilities, it is not possible to make a definitive diagnosis.
- A personal file is regularly updated for each student where all scheduled vaccinations, annual check-ups (height, weight, BMI, BMI percentile, etc.) and any other visits to the school clinics are recorded.
- The school medical clinic conducts various screening campaigns during the school year such as eye test and dental check-up
- Additionally, the clinic staff will provide health education and vaccination services.

Student's Personal Records will be in accordance with DHA requirements

- DHA is implementing a unique government health solution for Disease Surveillance management. This is called HASANA. This solution will integrate all government and private health facilities in Dubai providing a single immunization record for each client in Dubai and a robust system to manage and contain the spread of communicable disease. Our school also will be a part of this programme.
- Parents are required to provide the school with updated vaccination records for their child/children for classes Grade 1 and above.
- A notification will be sent to parents prior to the actual date of vaccination.
- Parents will be asked to sign a consent form and return it to the clinic prior to the date of vaccination.
- Should the parents choose not to have their child/children vaccinated at the school, they are still required to provide an up-to-date copy of their child/children vaccination records and inform the school if a child receives any vaccinations outside the school.
- A medical report must be submitted to the school where there is any change in health condition or a new medical condition for your child.
- If your child has a pre-existing medical condition, the school clinic should be notified on seeking enrollment in the school.
- The treating specialist for those students who might experience such medical emergencies as allergies, convulsions, anaphylaxis and diabetic emergencies should prepare an Emergency Alert Form.
- The parent/school medical team will notify the child's pre-existing condition and first aid procedures to additional members of staff who are in contact with such students.

Administering Medications to a Child

- The school clinic has its own supply of medications. Prior to administering of any medication to a primary school child, parents will be notified and verbal consent will be obtained. However, in case of emergency, and if parents are not contactable, it will be at the discretion of the school doctor to medicate the child (in such cases as high fever, allergic reactions, injuries, etc.)
- Parents of secondary school students will be notified when a student visits the school clinic repeatedly with the same complaint. Analgesic (pain relief medicine) will not be administered to the student without parental consent.

- Students are not allowed to carry any medications around the school, except inhalers for asthmatic students. If a child needs a medication to be administered during school hours, a doctor's prescription needs to be obtained.
- Medications to be administered to the child during the schooling hours should be delivered by the parent/guardian to the clinic and can be collected at the end of the school day or at the end of the prescribed course.
- Where a child travels to school by the school transport, medications can be handed over to the Transport Assistant with a copy of the prescription and signed note from the parent/guardian.
- Medication that needs to be refrigerated at all times must be transported with an ice pack rather than the ice-cubes. Medications must be sent in their original packaging and should be clearly labeled with the student's name, required dose, timing and route of administration.
- All medications will be returned once the course of the prescribed treatment is completed.
- For those students who need to receive regular doses of a prescribed medication (i.e. Insulin, Asthma inhalers, Nebulizers, Eye drops), a consent form needs to be completed which specifies name of the prescribed medication, required doses and timings. The consent form must be updated accordingly in case of any changes.
- For children with illnesses such as anaphylaxis, asthma, epilepsy or Type 1 diabetes, the emergency medications must be stored in the school clinic.
- The medication should be carefully labeled with the student's name, route of administration and a required dose.
- Children with a temperature above 37.7 C should be rested at home.
- If a child develops a fever during the school day, parents will be notified to collect their child as soon as possible.
- Child with the raised temperature will not be sent on a school bus.
- Children may return to school if they are afebrile for 24 hours without using fever reducing medications.
- In case of extremely elevated temperature or if the child has a history of febrile convulsions, the clinic staff will immediately medicate the child and begin sponging or bathing him/her to reduce the intensity of the fever. Parents asked to come into school immediately.

- In case of contagious illness, the DHA has clearly documented guidelines for such conditions, which require exclusion from the school. The conditions are Conjunctivitis, Chicken pox, Gastroenteritis, Hand Foot and Mouth Disease. However, the list is not limited to the above-mentioned conditions. If a student develops vomiting and/or diarrhea, he/she should be seen by a doctor and rest at home for the duration of illness or if necessary admitted to the hospital.
- The time period for each condition varies, so we request that a child receives proper care at home as long as it is needed, upon returning to school, a certificate from the attending physician or pediatrician must be provided.
- If the child returns to school prior to the completion of the recommended isolation time, parents will be requested to take their child home.
- Off-campus injuries and recurrent complaints - Injuries incurred after or before school hours and those incurred off the school campus will not be attended to at the school clinic. Parents will be notified and the recommended action taken/advised.
- Students often present themselves with the same complaints for several days in such cases children should be taken to their treating physician.

Communication with Parents

- Parents' will be notified by telephone and/or email.
- Clinic staff may contact parents if they need to obtain some information about the child or inform child's parents about administering medication.
- Parents will be informed immediately if their child is unwell and needs to be collected from the school at the earliest.
- The school will not send a child who is ill or distressed on a school bus.
- The parents must collect their child as a matter of priority.
- The school clinic is not designed to provide the comfort and quiet that is needed during an illness.
- Clinic staff can be contacted by telephone in case of emergency or email can be sent to the school doctor/Nurse.
- If a child gets hurt from another child, after the first aid, parents will be informed through the telephone. Then an email will be send from the medical department to the class teacher, coordinator, principal and dean about the incident. It will help us avoid such incidents in the future.

DIABETIC MANAGEMENT

Diabetes sometimes manifests itself in children as type 1 (Juvenile diabetics). It doesn't go away during school hours. Hence, it is essential that school staff, including teachers, bus drivers, nannies and school health personnel understand the needs of their students with diabetes to ensure that school is a safe and healthy environment.

Parents of students of Type 1 Diabetes are responsible for informing the school of any changes to their Child's individual health plan and emergency plan and handle any emergency that may arise.

Staying Well - Basics

- Make sure your child has had all recommended shots, including the flu shot. Kids with diabetes can get sicker from the flu and stay sick longer. Being sick can make blood sugar monitoring harder.
- Regular hand washing, especially before eating and after using the bathroom, is one of the best ways to avoid getting sick and spreading germs to others.

Recommended Parent Responsibilities

- Inform the school/administrator that your child has T1D.
- Provide the information needed for training of school staff (samples provided in Diabetes Basics and Educate the Educator sections of this guide).
- Work with the school nurse to provide this training.
- Understand teacher and school personnel schedules and that all staff members involved with your child may not be able to attend the same training time, so training may have to be given more than once.
- Clearly communicate (verbally and in writing) your permission for school medical department to call 998 whenever they deem it necessary and to administer glucagon—no questions asked.
- Clearly communicate that the school has your permission to share the needed medical

- Provide multiple emergency contact people and phone numbers including your physician.
- Be sure to communicate with school staff on any changes that occur concerning your child and his/her diabetic management.
- Provide all the necessary equipment, supplies, snacks, and emergency items needed.
- You will also want to set up a system with teachers and other staff to alert you when supplies or snacks are getting low.

A school kit might include:

- Vials of your child's insulin, clearly labeled with child's name.
 - Syringes.
 - Glucose tablets, juice boxes, or another form of fast-acting sugar.
 - Cake icing or glucose gel.
- Clearly state to your child who should be contacted at school if he/she feels ill.
 - Promote, encourage, and teach your child the skills to become more and more independent in her T1D management and care. Discuss the level of independence of your child for blood testing and shot/insulin pump management (depends on age level/maturity of child) with school staff.

SUN CARE

Heat in Dubai is extreme most times of the year posing risk of skin cancer if appropriate measure are not taken. We recommend parents send a hat with their child and encourage them to wear them at all times when playing outside. Students are encouraged to drink water regularly. Please apply SPF 30+ to your child's exposed skin. Sunscreen lotion easily available in our school corridors

EAT RIGHT BE RIGHT

At Credence we emphasize the importance of healthy nutritious snacks and meals. Please do not pack any unhealthy food. We strongly discourage sweets, chocolates, chocolate cakes and cookies, donut in snack/lunch box. Fizzy drinks are not allowed. Regular snacks attack will be carried out by school nurse and some teachers. Parents may find slips with notes in their child's Almanac. This is just so children are made awareness of their food choices, and are motivated to improve. As educators, caregivers and loved ones we all want the best for our students. Let us join hands in raising healthy children.

COMMUNICABLE DISEASE

It is the endeavor of the school to encourage and promote good health and hygiene of all the children in the school. This includes the monitoring of children for signs and symptoms of communicable diseases such as Chicken Pox, Mumps, Meningitis, Rubella (German measles), Measles etc.

When a child becomes ill, the medical department will contact the parent immediately to have the child picked up from school and shown to the family doctor to reduce the possibility of cross-infection. The child will not attend school until such time that the family doctor certifies that he/she is fit to attend school. The time of exclusion will vary for each disease and the following guidelines laid down by the Department of Health will be strictly followed. It must, however, be recognized that each case must be considered individually and severity of symptoms may be an influencing factor.

DISEASE OR CONDITION	INCUBATION PERIOD	EXCLUSION OF CASES	EXCLUSION OF CONTACTS
Chicken pox	From two to three weeks; usually 13-17 days	Exclude from school until vesicles become dry, or 10 days from appearance of rash	Not excluded
Conjunctivitis		Until discharge from eyes has ceased	Not excluded
Diphtheria	Two to five days	Until cultures are negative, until receipt of a medical certificate of recovery from infection	Domiciliary contacts excluded until investigated by medial officer and shown to be clear of infection.
Giardiasis (diarrhea)	One to three weeks or longer; or average seven to ten days	Until diarrhea ceases	Not excluded

Hepatitis A	Fifteen to fifty days; the average twenty eight to thirty days	Exclude from school or work for one week after the onset of illness or jaundice. Until receipt of a medical certificate of recovery from infection or on subsidence of symptom	Not excluded
Hepatitis B	Sixty to ninety days; the range is forty five to one hundred eighty days	Until recovered from acute attack	Not excluded
Impetigo (School sores)	Varies	Until sores have fully healed. The child may be allowed to return	Not excluded

		earlier provided that appropriate treatment has commenced, and that sores on exposed surfaces (such as scalp, face, hands or legs) are properly covered with occlusive dressings.	
Measles (Rubella)	Approximately ten days, but varies from seven to ten days and may be as long as fourteen days until the rash appears	Until at least five days from the appearance of rash, or until receipt of medical certificate of recovery from infection	Non-immunized contacts must be excluded for thirteen days from the first day of appearance of rash in the last case unless immunized within 72 hours of contact
Meningococcal Infection	Commonly three to four days, but can vary from two to ten days	Until receipt of a medical certificate of recovery from infection.	Household contacts must be excluded from school or child care until they have received appropriate chemotherapy for at least 48 hours
Meningitis (Viral, Aseptic)	Varies with specific age		
Mumps	Twelve to twenty five days; commonly eighteen days	Exclusion from school, childcare or workplace until nine days after the onset of swelling. Until fully recovered	Not excluded

Pediculosis (Head lice)		Until appropriate treatment has commenced	Not excluded
Pertussis (Whooping cough)	It is commonly seven to ten days; rarely more than fourteen days	Until two weeks after the onset of illness and until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from attending a children's services centre for twenty one days after last exposure to infection if the contacts have not previously had whooping cough or immunization against whooping cough
Poliomyelitis / Acute Flaccid Paralysis (AFP)	Seven to fourteen days; the range is three to thirty five days for paralytic cases	Exclude from schools and children's settings until at least fourteen days after onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded
Rubella (German Measles)	Sixteen to eighteen days	Exclude from school for at least five days after onset of the rash	Not excluded
Scabies	Two to six weeks before itching occurs in a person not previously infected. If a person	Until appropriate treatment has commenced.	Not excluded

	is re-exposed it is one to four days.		
Shigellosis (Diarrhea)	From twelve hours to four days (usually one to three days)	Until diarrhea ceases	Not excluded
Streptococcal infection including Scarlet Fever	One to three days	Exclude from schools and children's settings until a medical certificate of recovery from infection has been obtained	Not excluded
Trachoma	Varies	Until appropriate treatment has commenced	Not excluded
Tuberculosis	From infection to the primary lesion or significant tuberculin reaction; about four to twelve weeks	Until receipt of a medical certificate from a health officer of the Department stating that child is not considered to be infectious	Not excluded
Typhoid Fevers	One to three weeks (depending on the infective dose from three days to three months)	Until receipt of a medical certificate of recovery from infection	Not excluded unless the medical officer of a health of the Department considers exclusion to be necessary

ACCIDENTS OR EMERGENCY

In case the child requires emergency treatment efforts will be made to contact the parent. The school nurse assess the condition of the student and makes the decision to call the emergency services/ambulance. It is the responsibility of the school nurse to remain with the student until the emergency service arrive and care is handed over to another medical professional. The administrator to accompany the student in the ambulance (as per DHA rule if one nurse in the school the administrator to escort the student).

Annexure 1: Medication Administration Form

Annexure 2- Medical Department Consent Form

Annexure 3-Student Medical History Report 2016-2017

Annexure 4- Consent for Immunization

Annexure 5- Medical Outpass

Annexure 6-Flow Chart - Accident Minor Case

Annexure 7-Flow Chart - Accident Major Case

CREDENCE HIGH SCHOOL
MEDICATION ADMINISTRATION FORM

To,

The School Doctor/Nurse,

My childof Grade.....is unwell. Kindly administer the
medicine (name of medicine)..... (dosage).....at
(time) after food/before food.

Name of parent :

Signature :

Mobile No. :

Email address :

Dated :



CREDENCE HIGH SCHOOL, DUBAI

MEDICAL DEPARTMENT CONSENT FORM

As the parent/guardian of _____ Grade _____, I give my consent to the following:

1 Consent for the administration of Paracetamol

In the event that your child develops fever or has pain, and if we are unable to contact parents, it may be necessary to administer paracetamol.

I consent to my child being given paracetamol should it be considered necessary by the School Doctor.

Name of the Parent: _____

Signature : _____ Date : _____

2 Consent for Emergency Treatment

In the event that your child requires emergency treatment and if the school is unable to contact you, your child will be taken to the nearest authorized Government hospital for treatment.

I consent to my child being taken to the authorized Government Hospital in case of an emergency.

Name of the Parent: _____

Signature : _____ Date : _____

3 Consent for Medical Examination

According to DHA school health guidelines, medical examination will be done for all students annually. Parents will be notified only if required.

I consent to my child undergoing a medical examination at school.

Name of the Parent: _____

Signature : _____ Date : _____



CREDENCE HIGH SCHOOL, DUBAI
STUDENT MEDICAL HISTORY REPORT 2018-19

Dear Parents,

Please provide the following information to help us update your child's school health record.

Name:-----

Date of Birth:-----

Class/ Grade:-----

History of illness:

Please tick appropriately. If yes, Specify Month/ Year of illness

Infectious Disease	YES	Month/Year	NO	Non-Infectious Disease	YES	Month/Year	NO
Diphtheria				Accidents			
Dysentery				Allergies			
Infective Hepatitis				Bronchial Asthma			
Measles				Congenital Heart Disease			
Mumps				Diabetes Mellitus			
Poliomyelitis				Epilepsy			
Rubella				G6PD (Glucose6-Phosphate Dehydrogenase deficiency)			
Scarlet Fever				Rheumatic Fever			
Tuberculosis				Surgical Operation			
Whooping Cough				Thalassemia			
Chicken pox							

History of:

Blood Transfusion -- yes/ no, Frequency: -----

Hospitalization ---- yes/ no, Reason: ----- Date : -----

Family History; Diabetes/Hypertension/Mental Disorder/Stroke/Tuberculosis

Others: Please Specify -----

Parents/ Guardian Signature: -----

Licensed School Nurse Signature: -----

الموافقة على إجراء التطعيمات

اسم الطفل:-----
تاريخ الميلاد:-----
اسم المدرسة:-----
الفصل / الصف:-----

أصرح بأن تعطى التطعيمات الالزمة البني / ابنتي .
ال أوأفق ان بإعطاء التطعيمات البني / ابنتي .

السم و التوقيع:-----
الهـل / الوصي
رقم صندوق البريد:-----

رقم الهاتف:-----
حضرة الهل الكرام نود الـطلب منكم بتزويدنا بالمعلومات التالية الضانفندا إلى الملف الصحي البنكم / البنكم وإرسال سجل التحصينات الصلي.

سجل الأمراض ما قبل الدخول إلى المدرسة :
الرجاء وضع علامة (✓) في المكان المناسب إذا
كان الرد بنعم يرجى تحديد تاريخ حدوث الصابة

ال	نعم	الأمراض غير المعدية	ال	نعم	الأمراض المعدية
		الحوادث			الخنق (الفتيري)
		الحساسية			الزحار
		ربو			عدوى التهاب الكبد الوبائي
		أمراض القلب الخلقية			الحصبة
		داء السكري			التكاف
		صرع			شلل الأطفال
		G6PD (Glucose6-Phosphate Dehydrogenase deficiency)			الحصبة اللمائية
		الحمى الروماتيزمية			حمى قرمزية
		عملية جراحية			مرض السل
		الثالسميا			سعال ديكى
					الحمق

إذا كانت الإجابة بنعم ، يرجى كتابة سنة المرض

التاريخ ل:

نقل الدم

نعم ال

التردد:

العالج في المستشفى نعم ال

السبب: التاريخ:

تاريخ العيادة:

مرض السكري ارتفاع ضغط الدم ، اضطراب نفسي ، السكتة الدماغية ، مرض السل، أخرى حدد

نوفيع محرضة المدرسة المرخصة:-----



CONSENT FOR IMMUNIZATION

Child Name: -----
Date of Birth: -----
School Name: -----
Class/Grade: -----

Please Tick (√)

- I give the consent for the immunization of my child
 I don't agree for immunization of my child.

Name & Signature: -----

Parents/ Guardian

P.O.Box: -----

Telephone Number: -----

Dear Parents

Please provide the following information to update your child school health record and send his/her ORIGINAL IMMUNIZATION CARD

Child History of illness:

Please tick (√) appropriately, if yes, Specify Month/Year of illness

Infectious Disease	YES	NO	Non-Infectious Disease	YES	NO
Diphtheria			Accidents		
Dysentery			Allergies		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy		
Rubella			G6PD (Glucose6-Phosphate Dehydrogenase deficiency)		
Scarlet Fever			Rheumatic Fever		
Tuberculosis			Surgical Operation		
Whooping Cough			Thalassemia		
Chicken Pox					

If yes, write the year of illness

History of:

Blood Transfusion No Yes, Frequency: -----

Hospitalization No Yes, Reason: -----Date: -----

family History: Diabetes- Hypertension- Mental Disorder- Stroke- Tuberculosis-
Other, Specify-----

Licensed School Nurse Signature: -----



CREDENCE HIGH SCHOOL, DUBAI

MEDICAL DEPARTMENT

OUT PASS

Date: _____

_____ of Grade _____ is unwell and is being sent home with his/her parent.

Doctor's signature: _____

Parent's signature: _____

Principal's signature: _____



CREDENCE HIGH SCHOOL, DUBAI

MEDICAL DEPARTMENT

OUT PASS

Date: _____

_____ of Grade _____ is unwell and is being sent home with his/her parent.

Doctor's signature: _____

Parent's signature: _____

Principal's signature: _____

Security's signature: _____



CREDENCE HIGH SCHOOL, DUBAI

MEDICAL DEPARTMENT

OUT PASS

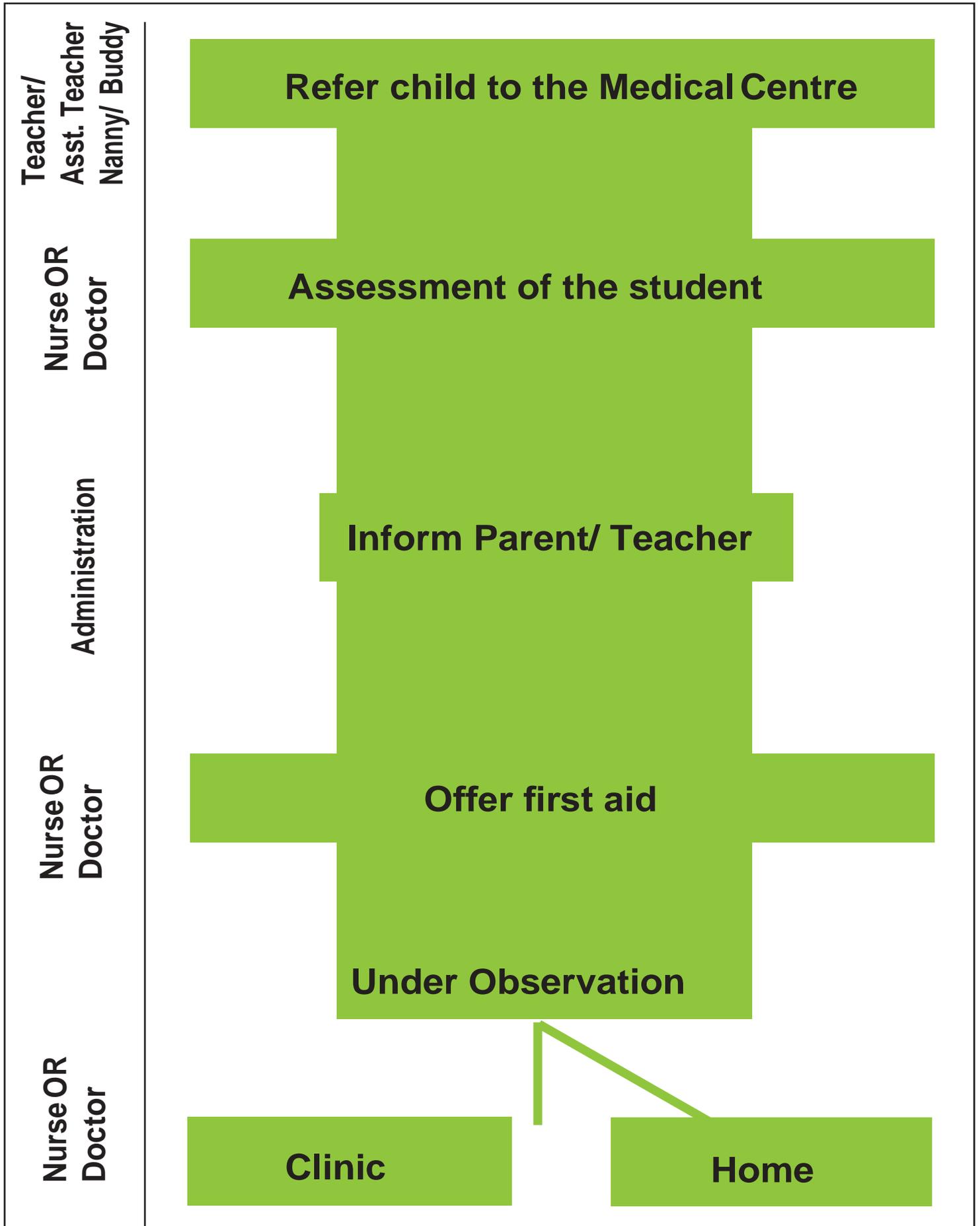
Date: _____

_____ of Grade _____ is unwell and is being sent home with his/her parent

BUS ROUTE: _____, BUS NO: _____

CREDENCE HIGH SCHOOL DUBA

ILLNESS/ ACCIDENT *MINOR CASE* Flow Chart



CREDENCE HIGH SCHOOL DUBAI

ILLNESS/ ACCIDENT MAJOR CASE Flow Chart

