JSSPS

SCHOOL CLINIC POLICY

REVIEWED IN JUNE-2024

JSSPS Vision Statement on Wellbeing

At JSS Private School (JSSPS) we promote, develop and prepare healthy learners for life. We are committed to making it our mission to promote resilience, positive wellbeing and mental health for all our pupils and staff. We understand wellbeing to be a state of being comfortable, healthy and happy. We aim to drive this message forward, and to ensure that mental health and well-being is "**everyone's business**" across the whole school community. We strive to create an environment that has a whole school approach, in providing excellent mental health support, understanding and intervention. We put Wellbeing at the heart of our school to ensure successful learning, and commit to our policies reflecting this practice.

JSSPS Vision Statement on Inclusion

At JSSPS, we adopted a legislative framework for inclusive education based on UAE Federal Law No.(29), 2006 & Law No.(2) 2014. The implementation and impact of the standards included within Dubai Inclusive Education Policy Framework (2017) are monitored and regulated by the Knowledge and Human Development Authority (KHDA).

We understand that a diversity and inclusion plan will be effective only when founded on a ***true belief in and understanding of the value of diversity and inclusion.*** Therefore, we aspire to create a school culture that reflects an appreciation for diversity and inclusion at all levels. We know that our mission of driving personal and economic growth through learning and our vision of becoming the best community will only be achieved by hiring and retaining the best people possible while creating a school community that is reflective of the diverse audiences we serve.

JSSPS recognizes that the vibrancy of our community is enhanced by **diversity**, which we define as the range of human differences. We believe a culture of **inclusion** puts diversity into action by creating an environment of involvement, respect and engagement – where a multiplicity of beliefs, interests, experiences, and viewpoints are harnessed to accomplish our goals.

We work to achieve diversity and inclusion by:

- Delivering services in a culturally sensitive manner.
- Fostering an environment in which students and staff embrace and promote inclusion and understanding of the value of diversity as demonstrated through interactions with one another.
- Integrating diversity into strategies, decisions, and teaching-learning processes.
- Aligning diversity and inclusion efforts with strategic imperatives.
- Increasing effectiveness and accountability of efforts by developing measureable

goals.

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Introduction

Facilities and Personnel

JSS Private School has a well equipped school clinic with one full time doctor and three full time registered nurses. Automated External Defibrillators (life support devices) and First Aid Kits are available at different locations of the school campus to provide optimal care in case of emergencies. Additionally, the clinic staff provides Health Education sessions and vaccination services.

POLICY IN ADMINISTRATION OF MEDICATIONS

School Policy on Administering Medications to a Child

The school clinic has its own supply of medications. Please see the attached list of medications that are available.

The school doctor hasn't authority to prescribe Controlled Drugs (CD) and Semi Controlled Drugs (SCD) for students.

The school doctor shall not prescribe medication to student for use after school hours.

Prior to administering of any medication to a Primary School Student, parents will be notified and verbal consent over the phone will be obtained. However, in case of emergency, and if parents are not reachable, it will be at the discretion of the school doctor to medicate the child (in such cases as high fever, allergic reactions, injuries, etc).

Analgesia (pain relief medication) will not be administered to the same student more than two times a term without parent consent. Students may receive such medications as Paracetamol, Ponstan, Advil, etc. several times during a term if required.

Students are not allowed to carry any medications around the school, except inhalers for asthmatic students.

If a student has prescribed medications to be administered during school hours, a doctor's prescription must be attached with the medications or submit to school clinic mail .

Students coming to school using the School Transport, medications can be handed over to the Transport Assistant with the 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. If a medication has been administered in the morning, a note should be sent to the clinic.. All medications will be returned once the course of the prescribe treatment in completed.

For those students who need to receive regular doses of a prescribe medication (i.e. Insulin, Asthma Inhalers, Nebulizer, 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 illness such as anaphylaxis, asthma, epilepsy or Type 1 diabetes, the emergency medications (such as Epi-pen, Glucagon, Nebulizer solutions, Asthma Inhalers, Diazepam) must be store in the school clinic. The medication should be carefully labeled with the student's name, route of administration and required dose and doctor's prescription

Parents are required to provide updated vaccination records for their child/children. A notification will be sent to parents 14 days prior to the actual date of vaccination. Parents will be asked to sign a consent form and return it to the clinic within 7 days prior to the date of vaccination. If the parents choose not to have their child/children vaccinated from the school they need to provide a copy of their vaccination records and inform the school if the child receives any vaccinations outside the school

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NOTIFICATION OF PARENTS POLICY

Parents will be notified by telephone or email from school doctor.

Clinic staff may contact parents if they need to obtain medical history about the child or inform the child's parents about administering medication.

Contagious Illness

The DHA has clearly documented guidelines for those conditions which require exclusion from the school. The conditions commonly seen 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 the 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 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.

Fever

Children with a temperature above 37.7 C should be rested at home. If a child develops a fever during school hours, parents will be notified to collect their child as soon as possible. Child with the raised temperature will not be sent home on a school bus. Child may return to school if he is a febrile 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 will be informed to come to school immediately.

Parents will be informed immediately if their child is unwell and needs to pick from the school at the earliest. School will not send a sick child by school bus. The parents must pick their child as a matter of priority.

Clinic staff ready to answer calls, mails in case of emergency. Or if parents wants to inform school clinic about medical conditions of their child. Parents willing to come and meet the school doctor at any time.

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STUDENT ASSESTMENT CRITERIA

In accordance with the regulations of the Dubai Health Authority (DHA), all school required to conduct medical examinations for the following students:

- All new students
- All KG 1 students
- All Grade 1 students
- All Grade 4 students
- All Grade 7 students
- All Grade 10 students

A personal medical file is regularly updated for each student where all scheduled vaccinations, annual check-ups (height, weight ,BMI score , etc) and any other visits to the school clinic will be documented. As part of our policy to promote a ''Healthy Lifestyle'' we also conduct various screening campaigns during the school year (i.e. eye test, dental check-ups). Parents will be notified in advance about any forthcoming screening that your child maybe involved in.

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Student Health Education Communication and Informed Consent Policy

1) The medical staff of JSS private school provide health education to students on regular basis
2) The health education includes but is not limited to:

   - Personal hygiene(oral hygiene, Hand hygiene, Environmental hygiene)
   - Balanced diet and Healthy Sleep

- Puberty.
- Drug abuse.
- Healthy Balanced technology use
- Food allergy
- Asthma, nose bleeding, Epilepsy
- Diabetes
- Thalassemia Awareness

3) In case any medical information is needed the students shall contact the clinic and it will be immediately provided.
4) Consent forms:

    - A consent form shall be signed by their guardian/parent in admission time allowing their ward to undergo a medical examination
    - A consent form shall be signed by the guardian/parent allowing before their ward receive a vaccine
    - A consent form shall be signed by the guardian/parent before their ward is instructed on sensitive topic like drug abuse, puberty and so on.

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FOOD ALLERGY MANAGEMENT POLICY

Schools are committed to providing a safe, educational environment for all students. In accordance with this and pursuant to applicable laws, the purpose of this policy is to:

- Provide a safe and healthy learning environment for students with food allergies;
- Reduce the likelihood of severe or potentially life-threatening allergic reactions;
- Ensure a rapid and effective response in the event of an allergic reaction; and
- Protect the rights of students with food allergies to participate in all school activities.

Recognizing the risk of accidental exposure can be reduced in the school setting. JSS Private School is committed to working in cooperation with parents, students, and physicians.

Responsibilities of Parent/Guardian:

1. Teach your child to:

- NEVER share snacks, lunches, drinks, or utensils.
- Understand the importance of hand washing before and after eating, and proper methods of hand washing (e.g. no hand sanitizer).
- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Communicate symptoms as soon as they appear to school staff member.
- Report teasing and/or bullying.
- Take responsibility for his/her own safety.
- Develop greater independence to keep self safe from anaphylactic reactions. .

2. Inform the school of the child's allergy prior to the opening of school (or as soon as possible after a diagnosis). Update the school annually on child's allergy, or when changes in the child's medical plan occur.

3. Provide medical documentation, instructions, and properly labeled medication (up-to-date), as directed by a physician, prior to the opening of school (or as soon as possible after a diagnosis). This includes proper authorizations for medications and emergency response protocols.

4. Work with the school's nurse and staff to develop a plan that accommodates the child's needs throughout the day including the classroom, cafeteria, after-school activities, and school bus.
5. Provide the school with current contact information and maintain updated emergency medical information.
6. Provide "safe snacks" for the child to be kept at school for unplanned special events.

Responsibilities of Student:

1. NEVER share snacks, lunches, drinks, or utensils.

2. Use proper hand washing before and after eating (not hand-sanitizer).

3. Learn to recognize personal symptoms of an allergic reaction.

4. Immediately notify an adult as accidental exposure occurs or symptoms appear.

5. Demonstrate responsibility when carrying emergency medication (if authorized to self-carry) and/or where medication is kept.

6. Report teasing and/or bullying to an adult.

7. Develop greater independence to keep self safe from anaphylactic reactions.

Responsibilities of School Administration

Ensure annual training and education is provided to staff on:

- First aid training
- Reducing allergen exposures
- Signs and symptoms of allergic reaction and anaphylaxis
- Emergency procedures, including how to administer emergency medications
- Support faculty, staff, and parent/guardian in implementing all aspects of the Individual Health Care Plan
- Arrange for contingency plan to be in place using designated trained staff in the event of a substitute teacher, food service personnel, or if the nurse is not available.
- Inform staff about the school policy for birthday celebrations, as well as classroom rewards and incentives are discouraged. (Preschool-6th Grade). Note: For building-wide events, such as Pride Day, cultural events, holidays, and student council events parent/guardian will be informed of such events where food will be available and may provide alternative food items for their child who known with food allergies.
- Discourage providing foods during classroom activities, e.g. arts and crafts, counting, and science projects within the classroom setting.

Classroom snacks: If warranted, parent/guardian will provide individual snacks for their child. (Preschool-6th Grade)

Responsibilities of School Health Professionals:

1. Review medical information (emergency medical information) provided by parent/guardian of all students at beginning of each school year, as well as all new students entering the school.

2. Meet with parent/guardian of students with medical conditions to obtain a medical history and to develop an Individual Health Care Plan.

3. Ensure that the Food Allergy Action Plan is completed .The Food Allergy Action Plan has to be share with canteen and class teachers
4. Ensure proper storage of emergency medication. Including:

- Following manufacturer's guidelines for storage.

- Ensuring easy accessibility to school staff during the school day (unlocked, centrally located), taking into account the safety of all students in determining location.

5. Provide annual training and education regarding life-threatening food allergies, symptoms, risk reduction procedures, and emergency procedures including how to administer emergency medications.

6. Ensure that contingency plan is in place using designated trained staff in case school nurse is not available.

Responsibilities of Teachers:

1. Participate in annual training and education regarding:

    - Reducing allergen exposures

    - Signs and symptoms of allergic reaction and anaphylaxis

    - Emergency procedures, including how to administer emergency medications

2. Participate in the development and implementation of the Individual Health Care Plan (IHCP), including necessary accommodations, of students in the classroom with a life-threatening allergy.
3. Keep information, i.e. Individual Health Care Plan, for substitute teachers in an organized, prominent, and accessible format.

4. Educate classmates to avoid endangering, isolating, or harassing students with food allergies; enforce school bullying policy.
5. Reinforce appropriate classroom hygiene practices/hand washing prior to entering the classroom and before and after eating.

Note: For building-wide events, such as Pride Day, cultural events, holidays, and student council events inform parent/guardian of such events where food will be available. Parent/guardian may provide alternative food items for their child who has known food allergies.

6. Discourage use of foods for classroom activities, e.g. arts and crafts, counting, and science projects within the classroom setting.

Classroom snacks: If warranted, parent/guardian will provide individual snacks for their child. (Preschool-6th Grade)

7. Know the signs and symptoms of severe allergic reaction as provided in the student's Individual Health Care Plan.

8. Implement the Food Allergy Action plan IMMEDIATELY if a reaction is suspected.

9. Never permit students suspected of having a reaction to walk to the office/clinic alone.

10. Inform parent/guardian in advance of school events where food will be served.

11. Encourage parent/guardian of students with food allergies to accompany the student on school trips.

12. Collaborate with the school's nurse prior to field trip to:

- Plan ahead for risk avoidance at the destination.
- Ensure Food Allergy Action Plan and emergency medications are taken on field trip.
- Ensure that designated trained staff will:
- Accompany the student with food allergies on the field trip

Responsibilities of Nutrition Services:

1. Provide and ensure annual training to all nutritional service employees regarding safe food handling practices to avoid cross contamination with potential food allergens.

2. Provide information from all food labels and recheck routinely for potential food allergens, including "shared equipment" contamination upon parent/guardian request.

3. Provide advance copies of the menu to parent/guardian and notification if menu is changed, upon parent/guardian request.

4. Maintain a list of students with food allergies, along with Food Allergy Action Plans, maintaining confidentiality.

5. Take student's complain seriously and inform clinic staff immediately

6. Provide training and educations about signs of food allergy and to take immediately safety measures at canteen area
7. Designate a "nut free" table in the cafeteria (Preschool-6th Grade).

8. Clean "nut free" tables ONLY with disposable paper towels and cleaning product using spray bottle (not "bucket" of solution). Any cleaning product is satisfactory except for dishwashing liquid. Top, sides and underside of table is to be cleaned after each use.

9. Prevent students with food allergies from being involved in garbage disposal, table cleaning or other activities which could bring them into contact with food wrappers, containers or debris.

Responsibilities of School Transportation Services:

1. Provide and ensure annual training to all school bus monitors on managing life-threatening food allergies, including epinephrine auto-injector administration.
2. Maintain a list of students with food allergies, along with Food Allergy Action Plans, maintaining confidentiality.

3. Maintain and reinforce strict policy of no food eating on the bus- except when medically indicated, i.e. students with diabetes.

4. Ensure functioning emergency communication devices on each bus.

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STUDENT CONFIDENTIALITY AND PRIVACY

1) Student should be treated with respect, consideration and dignity. The student has the right to privacy and confidentiality.
2) The only authorized person that can release confidential health information from the school health records is the school doctor.
3) Medical records of students attending the school

4) Medical information of students or staff to be protected and not shared with other parents or staff that is not directly involved
5) Any personnel, including the health care providers, who release confidential health care information from the school health records shall document each such release in the health records by indicating the following:
6) Date of Release
7) Description of the information released
8) Name(s)of the person (s)to whom the information was released to
9) Reason for the release of information
10) Any person suspected of violating the confidentiality will have to follow penalties pertaining to the same as per No32of2012which can be accessed at www.dha.gov.ae
11) Medical records may only be released with prior approval of one of the parents
12) Staffarenotallowedtotakeanymedicaldocumentsoutoftheschoolpremises.Theschool doctor is not allowed to take any medical documents out of the school.

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STAFF ORIENTATION AND TRAINING PROGRAM

All health care professionals have valid training/ certification of Basic Life Support.

School doctor should have valid pediatric advanced life support.

Health professional's new equipment training programs are conducted and documented.

All health care professionals are oriented with DHA guide lines and school health policies.

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VACCINATION POLICY

1. Manual Registration used for recording information about the child immunization is maintained in the clinic.
2. Health Care Professional is able to articulate standard procedures in case of adverse events.
3. Severe adverse forms are available
4. Anaphylaxis Kit is available.
5. Inventory of Vaccines including expiry dates are available. (If applicable)
6. Health Care Professionals have immediate contingency plans in case of electrical failure or handling the extra vaccine. (If applicable)
7. Health Care Professionals know how to read vaccine vial monitor. (VVM)
8. DHA immunization guidelines are available and the concerned staff are oriented with the guidelines
9. Vaccine carriers/boxes with sufficient ice packs and thermometers are available.

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HEAD LICE POLICY

Students diagnosed with live head lice their parents will get notification form about that.

And parents have to start appropriate treatments for head lice to prevent spread of infections. Nits may persist after treatment, but successful treatment should kill the

Crawling lice.

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INCIDENT REPORT POLICY

In case of any injury or emergency condition occur in the premises of the school an Incident report form shall be filled by the medical staff (containing all necessities Information) and will submitted to higher administration for investigation and further action .a copy of incident report will kept in clinic.

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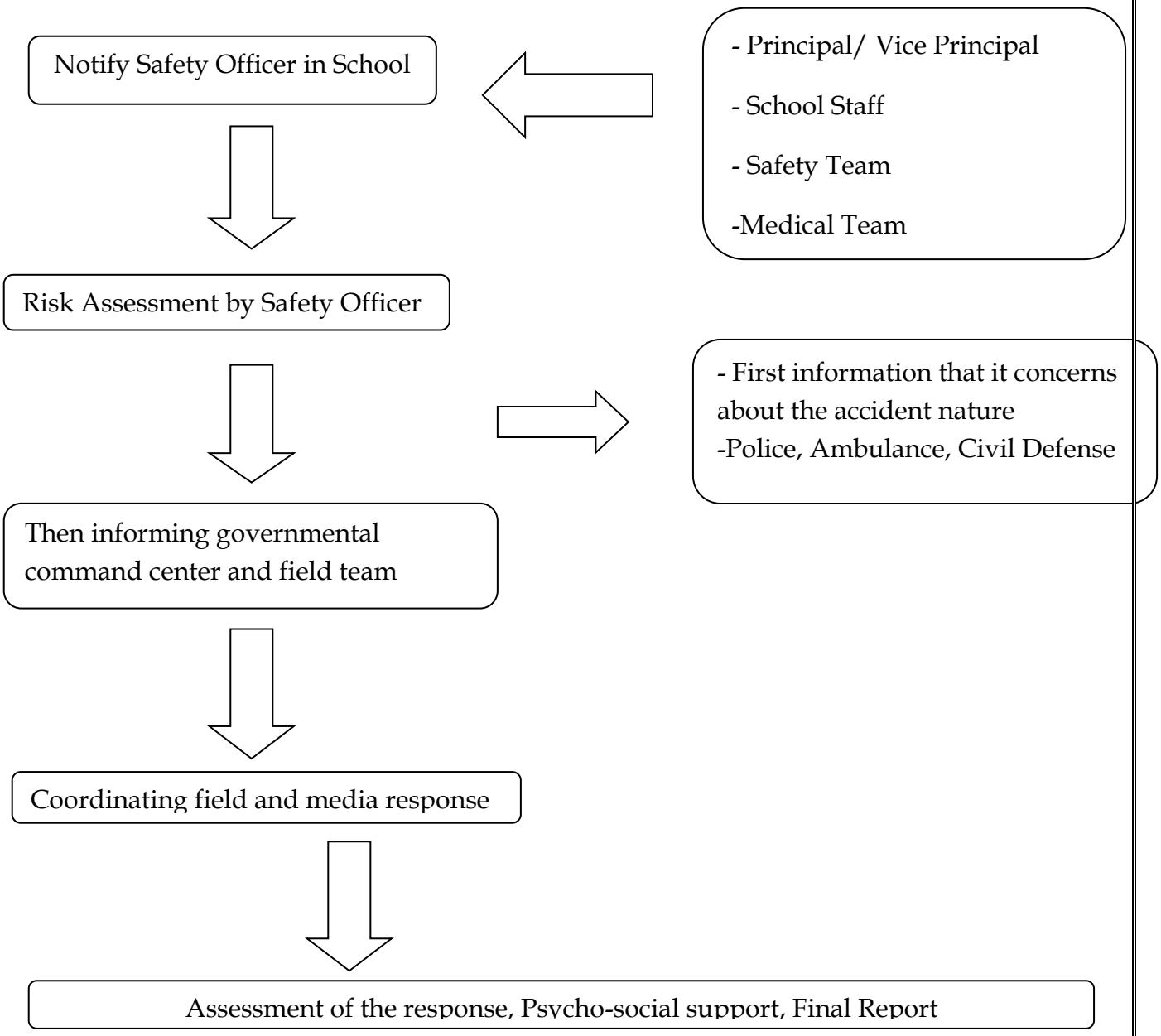
EMERGENCY RESPONSE POLICY

Pathway for Dealing with Emergency Situations in JSS Private School



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REFERRAL CRITERIA AND PATIENT TRANSFER

In case of emergency, patients are transferred strictly according to emergency protocol flow chart.

Emergency numbers and emergency protocol flow chart should be displayed on clinic notice board.

In case of trauma or injures school clinic staff will provide the first aid and according to severity will decided to send student to hospital with family or ambulance

Referral form will given from school clinic in case the parents transfer the student to hospital with short medical summary and will filled from the facility student sent to them and sending back to school

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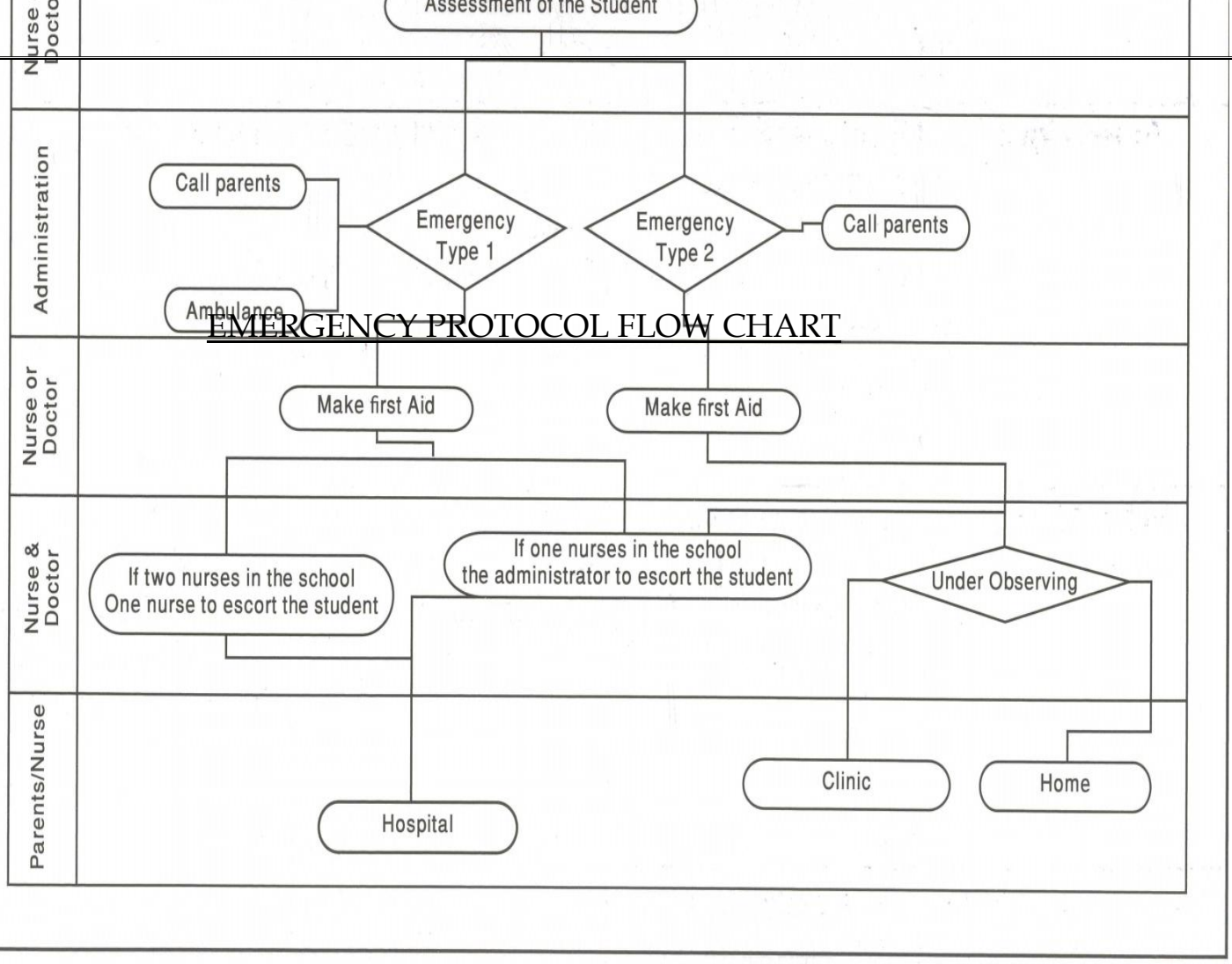

EMERGENCY PROTOCOL FLOW CHART

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FIRE AND SAFETY PLAN

School clinic will follow school fire and safety plan.

Clinic staff should be well aware of the plan and should take part in the fire drills and evacuations measures.

Fire exits plan should be displayed in school clinic.

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STAFF PLAN, STAFF MANAGING AND CLINICAL PRIVILEGES

1) JSS Private School has capable health care professional at all times when there are students in the school.
2) All health professionals are DHA licensed and have the necessary training and skills to deliver the services provided.
3) The school physician has advanced resuscitative techniques e.g. Pediatric Advance Life Support (PALS).
4) The school health teams have Basic Life Support (BLS).
5) All medical team in JSS Private School undergo consistent medical training sessions. They provide them with the necessary skills to remain safe, update in knowledge and skills needed to make. Competent judgments' and decisions in practice. School Doctor needs 40 hours continues medical education (CME) annually. And School Nurse needs 20 hours continues medical education (CME).

PHYSICIAN RESPONSIBILITIES

1) Responsible to develop Individualized Healthcare Plan (IHP).
2) Advise parents to keep the student at home during communicable period of any disease.
3) Assess, plan and implement Individualized Health Care Plan (IHCP) and Emergency Health Care Plan (EHCP) for children with chronic illnesses and children with of determination, including allergies.
4) Refer as appropriate, children assesses and found to have psychological or emotional disorders like anorexia, self-harm, addiction, abuse etc.
5) Participate in planning and conducting health education activities in the school.
6) Submit reports to HRS and SHS, PHPD in a timely manner.
7) Update knowledge, skills and practice related to school health.
8) Draft the School Health Service Plan and review it annually, which could include the following.
9) Draft and review the School Health Service Plan annually.
10) Medication management.
11) Management of emergency reaction including anaphylaxis that might occur due to vaccination.
12) Reports all suspected or confirmed cases of communicable diseases to SHS and Preventive Medicine Section (PMS), PHPD, DHA; as per the list of Notifiable communicable diseases.

13) **School Nurse:**

Liaise with and support the school staff in implementing the school health activities.

1) Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition.
2) Assess needs of students (examine/observe/measure vital signs) who require first aid care and administer appropriate care.
3) Refer to the Physician for advice when needed.
4) Inform parents, through the school authorities, about the student's condition.
5) Transfer the student to the Emergency department of the nearest hospital as per the standard procedure in cases required.
6) Provide privacy to the student during medical examination.
7) Monitors students who are frequently absent from school due to health related problems.
8) Coordinate with classroom teachers to:
    - Observe and report student with unhealthy practices.
    - Refer promptly student who are showing signs of visual, hearing and learning difficulties.
    - Refer student with fever, rashes or unusual behavior.
    - Report presence of potential hazards in the classroom.
    - Motivate student to enhance healthy practices.
9) Report sanitary and safe environment deficits to the school administration.
10) Measure height and weight of students and calculate BMI on an annual basis for all students.
11) Refer to the school health physician, students whose growth and development measurement show deviations from normal.
12) Plan and conduct health education sessions for parents of students with chronic illness to assist them to understand their child's disease and needs.
13) Conduct health education sessions to meet the learning needs of students(e.g. topics on: personal hygiene, proper nutrition, accident prevention etc.).
14) Plan the vaccination schedule of every student as per DHA Immunization Guidelines and conduct vaccinations under the supervision of the school health physician.
15) Update knowledge, skills and practices related to school health requirements.

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Monitoring and Maintenance of Medical Electrical and Mechanical Equipment

1. Verify if the electrical, water and waste works.
2. The maintenance and repair manual for clinic equipment are maintained in the clinic.
3. For each piece of equipment there is master record of maintenance performed.
4. Regular maintenance is being performed every six months for all medical equipment.
5. There are reports that show the state of equipment when test are administered and if further action is required.
6. Routine inspection of electrical systems occurs.
   - Replacement of defective parts that are identified.
   - There is annual plan for inspection and replacement of defective parts.
7. Routine inspection of mechanical system occurs.
   - Replacement of defective parts that are identified.
   - There is annual plan for inspection and replacement of defective parts.
8. Routine inspection for plumbing and water system occurs.
   - Replacement of worn washers and defective plugs.
   - There is annual plan for inspection and replacement of defective parts.

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REPROCESSING OF REUSABLE EQUIPMENT

Reprocessing of the reusable equipment, instrument and devices is consistent with relevant current national standards and meets current best practice.
This criteria includes cleaning, disinfection and sterilization of reusable devices, equipment and instrument used in the clinic

General Reprocessing Requirements

- Reusable medical devices that have been used shall be reprocessed.
- Contaminated reusable medical devices that have not undergone reprocessing shall be clearly identified.
- Reusable medical devices that come from an opened or compromised package shall be reprocessed prior to use.
- Newly purchased reusable medical devices shall be reprocessed before initial use unless they are packaged

Personnel shall pre-clean used reusable medical devices immediately after use and prior to transportation and further manual or automated cleaning. At the point of use, single-use sharps shall be removed from reusable medical devices and disposed of in a puncture-resistant sharps container. Organic matter shall not be allowed to dry on reusable medical devices. Reusable medical devices shall be kept moist by using foam, spray, or gel specifically intended for this use, or by using a towel moistened with water, and in accordance with the manufacturer's instructions for use.

Contaminated items shall be transported in covered, fully-enclosed, leak-proof containers or closed carts that are designed to prevent the spill of liquids, protect reusable medical devices from damage, and allow for effective decontamination after each use.

Disinfection of reusable medical devices:

Shall take place in accordance with the manufacturer's instructions for use of the device and shall also follow the manufacturer's instructions for use for the disinfection process, equipment, and products.

Only chemical disinfectants which are approved by Dubai Municipality shall be used in the clinic for the disinfection of reusable medical devices.

Sterilization of Reusable Medical Device

A reusable medical device shall be sterilized between client uses. Sterilization of reusable medical devices shall take place in accordance with:

- The manufacturer's instructions for use of the device.
- The manufacturer's instructions for use for the sterilization process, equipment, and products.

Devices below must be cleaned then sterilized:

- Bandage scissor
- Galipot
- Injection tray
- Kidney tray
- Pickup forceps

Devices below must be disinfected:

- Stethoscope
- Blood pressure cuffs
- Wheel chair
- Torch
- Foldable stretcher
- Tuning fork
- Percussion reflex hammer
- Portable pulse oximeter

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LAUNDRY SERVICES POLICY

Laundry and Linen Services in school clinic

The school nurse is responsible for providing an adequate, clean and constant supply of linen to school clinic and isolation room.

The basic tasks include: sorting, washing, extracting, drying, ironing, folding, mending and delivery. A reliable laundry service is of utmost importance to the school clinic. In today's medical care facilities, patients expect linen to be changed daily. An adequate supply of clean linen is sufficient for the comfort and safety of the patient thus becomes essential. The term 'clinic linen' includes all textiles used in the school clinic and isolation room including mattress, pillow covers, blankets, bed sheets, towels, screens, curtains, medical staff coats. Cotton is the most preferred and frequently used material. The main purpose is to provide clean material to the patients and ensure that hygienic conditions are maintained in the process.

Responsibilities of person in charge : This includes determination of the type of linen to be purchased, the quantity necessary to be kept in stock, establishment of quotas for various places where they are used. The functions of the laundry services.

- Collecting soiled linen from various places.
- Sorting the linen and processing them
- Inspecting and repairing or replacing damaged materials.
- Distributing clean linen to the clinic and isolation room.
- Maintaining different types of registers.
- Send and receive linen to the laundry.

Work Schedule:

Daily work

- Change the bed sheets every day. If they get dirty, it will be change immediately.

Weekly Work:

- Sending linens to the laundry shop weekly.

Monthly Work:

- Check linen stocks in the clinic.
- Check the contaminated and faded or damage fabrics and enter in the register.
- Send the linens to the laundry.

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PRINCIPAL	ADMIN OFFICER	SCHOOL DOCTOR

WORK CONTINUITY POLICY

In any case of absence of the medical staff for more than two weeks, a temporary staff shall be arranged by JSS Private School management according to DHA regulations for health professionals

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HASANA SYSTEM MANAGEMENT

1) Pupil immunization report shall regularly updated by the JSS school medical team.
2) Every new student immunization record shall be registered into Hasana system.
3) The seniors nurse is responsible for teaching a new medical staff how to use Hasana system.
4) Any vaccination session that occurs in the school shall be registered as per share DHA guidelines.

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MEDICAL REPORTS AND MEDICAL ALERT FORMS

A medical report must be submitted to the school where is any change in health condition or a new medical condition for student. Health conditions may impact on the wellbeing of student and his school performance, school has to be aware of that to provide medical / physical support

If your child has a pre-existing condition, the school clinic needs to be notified in advance. An Emergency Alert Form should be prepared by the school doctor for those students who might experience such medical emergencies as allergies, convulsions, anaphylaxis and diabetic emergencies. Additional members of staff who are in contact with such students will be notified about then child's pre-existing condition and trained accordingly.

School Health Service Plan in JSS Private School is:

1) To deliver health services in school environment (including screening and vaccination programs).
2) Conduct comprehensive medical examination of students at KG/Foundation1, Grade one (1), Grade four (4), Grade seven (7), Grade ten (10) and new admission at any grade in schools, with documentations in the School Health Records.
3) Notification form will sent to the parents regarding the physical examination and body mass index findings.

JSS PRIVATE SCHOOL CLINIC DEPARTMENT

COMPREHENSIVE MEDICAL EXAMINATION AND BMI PARENTAL NOTIFICATION FORM

General Information					
Student Name		**Gender**	☐ **Male**	☐ **Female**	
Nationality		**Age**			
School	**Grade:**		**Date:**		
BMI SCREENING RESULTS					
Height					
Weight					
BMI Screening Result		☐ **Normal**	☐ **Obese**		
		☐ **Overweight**	☐ **Underweight**		
RECOMMENDATION					
COMPREHENSIVE MEDICAL EXAMINATION					
☐ **Normal**		☐ **Abnormal**			
RECOMMENDATION					
Name:		**Signature:**			

4) Medication management.
5) Management of emergency reaction including anaphylaxis that might occur due to vaccination.
6) Reports all suspected or confirmed cases of communicable diseases to DHA; as per the list of Notifiable communicable diseases regulations

Health Education

Steps in Planning a Health Education Curriculum

1. Assess and identify the learning needs of students; what they need to know, their values, beliefs, health practices etc.
2. Formulate the learning objectives. Learning objectives shall be clearly written, specific, measurable, achievable, and realistic and time bound.
3. Outline the topic and list the essential education materials required.

4. Choose teaching methodologies which are appropriate; (demonstration, discussion, role play etc).
5. Select instruction strategies and audio and visual aids which:
    a. Culturally relevant, developmentally appropriate and meet the different learning needs of students served.
    b. Actively engage parents and other caregivers in promoting health values and beliefs that support healthy behaviors and discourage risky behaviors.
6. Identify and arrange for the provision of all resources needed to conduct the health education session.
7. Arrange the venue, date and time to conduct the health educational session.
8. Implement the health education plan.
9. Evaluate the health education session to determine if the expected outcome has been achieved. Provide a timely, personalized and descriptive feedback to the student/s and record achievement.

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Health Record Management & Retention Policy

Our health practitioners in the school clinic involved in a student's care and have access to student's health records and related information.

Hand written or hard copy of health records and information are stored in a lock cabinet or cupboard and in a safe monitoring location and only health practitioners have access to these storage facilities.

Records in the clinic whether they are hard or soft copies it is secured.

Clinic Computers passwords are not shared with other school departments

Whenever a student wish to transfer to another school at any grade, the original complete cumulative school health record will be transferred at the same time to the health personnel of the school the student is transferring to.

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

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LOST AND FOUND POLICY

Purpose:

The purpose of this policy is to provide procedures for handling lost and found articles. In this policy, "lost property" means any unattended, abandoned, misplaced or forgotten item which is found within/inside the premises/boundaries of the school.

Key Points:

Students are encouraged to write/print their names on all personal belongings such as jackets, lunch boxes, digital devices, pencil/pen pouches, compass boxes (meant for only selected year) etc.
Lost items will be kept in the "Lost and Found Area" located near the school canteen.
Students may check the Lost and Found for missing items. Parents can also request to check for missing items in the Lost and Found Area with prior appointment.
Any cash, jewelry found will be submitted to the School Administrative Office which can be retrieved on providing supporting evidence.
Unclaimed items will be donated to a local charitable organization or discarded at the end of every term.
The school strongly discourages students bringing large amounts of money or personal valuables to school. The school cannot hold responsible for the loss or damage to personal property brought to school.

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DIABETIC CARE MANAGEMENT

Diabetes is one of the most common chronic diseases of school-age children. The number of children with diabetes who require accommodation during the school day to do blood glucose monitoring (by finger stick or a continuous glucose monitoring system), between meal snacks, and administer insulin (by injection with a syringe, injection pen). Self-management by the child of diabeties is an important component of that control.. Diabetes is a chronic disorder that can result in long-term complications such as damage to the eyes, kidneys, and vascular and nervous systems if not managed properly.

There are two types of diabetes: Type 1 diabetes usually has a rapid onset and is caused by an autoimmune disorder in which the insulin-producing cells of the pancreas are destroyed. Insulin is a hormone that is essential in allowing sugar to move into the cells and be used for energy by the body. People with Type 1 diabetes must take insulin injections (via syringe, injection pen, or pump) every day. Type 2 diabetes usually has a gradual onset and is caused by an insufficient production of insulin by the body or an inefficient usage of insulin by the body's cells. People with Type 2 diabetes may take insulin injections, take oral medication, follow a meal plan, and engage in physical activity to control his/her blood glucose levels, or any combination of these methods. Type 2 diabetes in youth is a rapidly growing health problem. Risk factors for this type of diabetes include obesity**,** inactivity, and a family history of diabetes**.**

Children with diabetes are taught it is a self-managed disease. This means that the child or adolescent (depending upon the child's age and abilities) may be giving themselves insulin with a syringe, injection pen, , taking oral diabetes medications, monitoring his/her blood glucose levels with a glucometer, , keeping written records, and taking snacks as needed between meals in the school setting and at school functions. Treatment is individualized based on the student's needs. .

It is critically important to know the management of diabetes on a day-to-day basis is maintaining a balance between insulin intake or production, food intake, and physical activity. All three (insulin, food, and activity) have a major effect on diabetes control and the prevention of acute complications such as hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose). Both of these complications can be occur.

Hypoglycemia (low blood glucose) occurs when the student with diabetes has taken insulin or a medication to increase insulin production, and either food is not eaten in the amount needed or extra exercise or physical activity has increased the body's need for energy. The student may or may not recognize the early warning symptoms of low blood glucose, but the student needs immediate attention: a quick-acting source of glucose (sugar), followed by a less rapidly absorbed source of carbohydrates and proteins (see student's DMMP).

Mild to moderate hypoglycemia has a number of symptoms such as shakiness, hunger, and sleepiness and can usually be treated with 15 grams of carbohydrate such as 3-4 glucose tabs or 4 ounces of fruit juice. Hypoglycemia (low blood glucose) can progress quickly and the student may lose consciousness and exhibit seizures. This is a medical emergency and calls for an injection of glucagon (a hormone that naturally releases sugar from the liver) and an immediate

call for emergency medical care. Never give an unconscious student anything by mouth – foods or liquids. Never leave a child alone who is experiencing hypoglycemia symptoms.

Hyperglycemia means blood glucose levels are above target range and occurs more slowly than hypoglycemia, but school personnel need to be alert to the early signs and symptoms of this condition. Almost all children with diabetes will experience blood glucose levels above their target range at times throughout the day, but these episodes are usually short in duration. Other children will experience daily spikes of their blood glucose levels which are of longer duration requiring extra insulin. In children, a minor illness such as a cold or the flu can upset the balance of insulin, food, and activity and result in a build-up of extra sugar in the blood stream. If a student tests his/her blood and it shows a high blood glucose reading, the student may need to do a test for ketones. Ketones are an acid produced when the body is using fat for energy because the available insulin cannot properly feed the cells glucose. Ketone tests are done via a urine sample or a meter with special strips for ketone testing at hospital. Hyperglycemia is treated with the intake of water or another sugar-free beverage and sometimes insulin.

1. TRAINING OF SCHOOL PERSONNEL

All school personnel should be given training about diabetes and how to manage it. However, that training should be broken down into different levels depending on the responsibility of each staff member towards the student with diabetes. The training should be administered by a school doctor or nurse. Training should take place at the beginning of each school year and should be repeated when a current student is newly diagnosed with diabetes or when a student with diabetes enrolls in the school. Refresher training is to be done as needed.

Level 1 training
Administered to all school personnel at the beginning of the year.
Level 1 training content:

- An overview of diabetes
- How to recognize and respond to hypoglycemia (low blood glucose)
- Hyperglycemia (high blood glucose).
- Who to contact for help in an emergency

Level 2 training
Designed for school personnel who have responsibility for the student with diabetes throughout the school day, including but not limited to: classroom, physical education, music, and art teachers, as well as other personnel such as lunchroom staff, coaches, and bus drivers. Level 2 training content:

- Content from Level 1 with specific instructions for what to do in case of an emergency
- Roles and responsibilities of individual staff members
- Expanded overview of diabetes
- Procedures and brief overview of the operation of devices (or equipment) commonly used by students with diabetes
- Impact of hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose) on behavior, learning, and other activities
- The student's Individualized Health Care Plan (IHP), IEP, or other education plan

- The student's Emergency Care Plans and how to activate Emergency Medical Services in case of a diabetes emergency
- Tips and planning needed for the classroom and for special events
- Overview of the legal rights of students with diabetes in the school setting

Level 3 training

For one or more school staff members designated as trained diabetes personnel who will perform or assist the student with diabetes care tasks.

Level 3 training content:

- Content from Level 1 and Level 2
- General training on diabetes care tasks:
  - Blood glucose monitoring
  - Ketone testing (urine and blood)
  - Insulin administration
  - Glucagon administration
  - Basic carbohydrate counting

- Student-specific training, when addressing each diabetes care task, including:
  - Clear identification and understanding of the task as outlined in the student's DMMP
  - Each student's symptoms and treatment for hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose)
  - Step-by-step instruction on how to perform the task using the student's equipment and supplies
  - Clear parameters on when to perform the task, when not to do so, and when to ask for help from a health care professional
  - How to document all care tasks provided
- Plan for ongoing evaluation

2. COORDINATION OF CARE FOR BEST RESULTS

Collaboration and cooperation are key elements in planning and implementing successful diabetes management at school. Like other chronic diseases, students with diabetes are more likely to succeed in school when the student's school health team and the student's personal health care team work together. Personnel may include:

School Health Team	Personal Health Care Team
Student with diabetes	Student with diabetes
Parent/guardian	Parent/guardian
School doctor and nurse	Doctor
Other school health care personnel	Nurse
Trained diabetes personnel	Registered Dietician (if available)
Principal and other administrators	Diabetes Educator (if available)
Teacher(s)	
Guidance counselor, coach(es), and other school staff members responsible for the student	

Collaboration between these two teams should result in each student with diabetes having a DMMP, an IHP, Emergency Care Plans for Hypoglycemia (low blood glucose) and Hyperglycemia (high blood glucose), and the appropriate education plan (if needed).

- Diabetes Medical Management Plan (DMMP)
  - Contains all aspects of routine and emergency diabetes care
  - Developed by the student's personal diabetes health care team

- Individualized Healthcare Plan (IHP)
  - Written plan developed to implement the student's DMMP
  - Developed by the school doctor in collaboration with personal diabetes health care team and family
  - Incorporates assessment of school environment
  - Student-specific information
  - Reviewed by school doctor and parents at beginning of the year and periodically afterwards

- Emergency Care Plans
  - Based on medical orders in the DMMP
  - Summary of how to recognize and treat hypoglycemia low blood glucose should be given to all personnel responsible for the student with diabetes (teachers, coaches, bus drivers, lunchroom staff, etc.)

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FIRST AID FOR COMMON INJURIES AND EMERGENCY POLICY

FIRST AID FOR COMMON INJURIES AND ILLNESSES

1. Abdominal Pain

Abdominal pain result from illness arranging from minor conditions to serious medical emergencies such as: trauma, appendicitis, hernia, constipation etc. Urgent medical care is needed for any severe abdominal pain

Do these:

1. Observe and record; blood pressure, pulse and breathing.
2. Offer reassurance and comfort
3. Help to position that assist in relief pain
4. Call 999 or for an ambulance
   - If pain is very severe
   - Individual is lying still with rigid and distended abdomen
   - Any signs of bleeding faint or losing consciousness

2. Acute Ear Ache

Ear ache can be an agonizing pain, caused by any of the following:

-Freshly pierced ear lobe or the discomfort of a tight earring
- Trauma from vigorous use of cotton swab while cleaning
- Pressure in the ear canal due to an acute viral infection such as a cold, sinus congestion or from a respiratory allergy
- A plug of ear wax
- Presence of a foreign body – like a pea, bean or flying insect.

Do These:

1. Check ear for:
   - History of trauma or injury
   - Presence of foreign object
   - Discharge or bleeding
   - Swelling
2. Calm and help individual into sitting or lying position for comfort
3. Give analgesic as prescribe
4. Observe and record; blood pressure, pulse and temperature
5. If discharge is present; wipe from the outer ear only

6. Call 999or for an ambulance
   - If pain is caused by trauma
   - Foreign object seen
   - Dizziness, ringing in the ears
   - Discharge or blood from the ear
   - Sudden Loss of hearing

Do not:

- Block any drainage coming from the ear
- Try to clean or wash inside of the ear canal
- Attempt to remove the object by probing with the cotton swab, pin or any other tool
- To do so will risk pushing the object farther into the ear and damaging the middle ear
- Reach inside the ear canal with tweezers

3. Allergic Reaction (Anaphylaxis)

Anaphylaxis occurs after exposure to allergen to which an individual is extremely sensitive such as;

- Food (peanuts, shellfish, eggs, strawberry etc.)
- Medicines (penicillin, sulfa)
- Insect stings and bites (bees or wasps)

Anaphylactic reaction is a severe and sudden generalized reaction that is potentially life threatening.

Do These:

If individual is carrying an Epinephrine pen (Epipen) help individual use it or administer it at once
Call 999 or for an ambulance
- Help individual in sitting or lying position that assists in breathing
- Observe and record; blood pressure, pulse and breathing. Be alert for breathing and pulse being slower or faster than usual
- If conscious offer reassurance and comfort, if necessary cover with blanket to keep warm
- If unconscious check for signs of life and prepare to give CPR if necessary.

4. Burn

Do These:

1. Remove individual from the Burn/Danger area

- If clothing is on fire: STOP, DROP and ROLL
- PULL individual to the ground
- Wrap in blanket
- Roll long ground until flames are extinguished

2. If the burned area is small, cool the burned area with room temperature water. If possible hold the burned area under cold running water up to 20 minutes.
3. If the burned area is large cover with the wet cloth or gauze for at least 10 minutes.
4. Remove clothing and jewelry or any other constricting item before the area swells.
5. Protect the burn from friction or pressure while cleaning.
6. If burn is large or deep, manage for shock.
7. Call or send someone to phone 999, or for an ambulance if
   - There is fire
   - Individual has large burn

Do Not:

- Do not apply lotions, ointment or fat/butter on a burn
- Do not use icy or cold water on a burn, because even though it may relieve pain, the cold can actually cause additional damage to skin.
- Do not touch injured areas or burst any blisters.
- Do not remove anything sticking to the burn.

5. Chemical Burns

Chemical burns take place at work, home or school. It can be the result of an accident or as the result of an assault. Most chemical burns occur when the skin is in contact with strong acids or bases.
Sometimes the burn develops slowly and in some cases the individual may not be aware of the burn for up to 24 hours.
The extent of damage depends on how long the skin is exposed to the chemical. The chemical will continue to 'eat' its way through the skin and into deeper layer until it is washed away.

Some Chemicals that causes burns are:

- Bleach, boric acid, paint thinner, Sulphuric acid
- Some chemicals in the laboratory when incorrectly mixed together
- Swimming pool chlorinators, battery acids, drain or toilet bowl cleaners etc.

Do These:

Treatment will vary with the nature of the chemical and extent of the burn.

- Ensure area is safe.
- Wear Personal Protective Equipment to avoid contact with substance yourself.

- With a dry chemical powder, first brush it off the skin.
- With spilled liquid giving fumes, move the individual out or ventilate the area.
- Wash off the area as quickly as possible with running water for 20 to 30 minutes. Use sink or water hose or even a shower to flush the entire area of contact.
- If available follow directions on chemical container.
- Remove jewelry from the burn area.
- Put a dressing over the burn.

Call or send someone to phone 999, or an ambulance for any chemical burn.
If available, send chemical container with the individual.

6. Electrical Burns

Electrical burns often accompanied by respiratory or cardiac arrest. Electrical burns may be cause massive internal injuries even when the external burn may look minor.

Electrical burns may include:

- External burns caused by the heat of electricity.
- Electrical injuries caused by electricity. Do not touch until you know the area is safe. Unplug or turn off power.
- Do not attempt to remove individual from the source of electricity.
- Wear personal protective equipment.
- Cover burned area with a dry non-stick sterile dressing.

Look for a second burned area where the electricity left the body.
Treat for shock.

7. Blow to the Eye

- If the eye is bleeding or leaking fluid, call 999 or get the individual to the emergency room immediately.
- Put a cold pack over the eye for 15 minutes to ease the pain and reduce swelling, but do not put pressure on the eye.
- Do not remove contact lens if individual is wearing a contact lens.

Ask individual to lie still and also cover the uninjured eye. Movement of the uninjured eye causes movement to the injured eye too.

- Call or send someone to phone 999, or an ambulance, if pain persists or vision is affected in any way.

8. Large Object Embedded in the Eye

-Do not remove the object
-Stabilize object in place, use thick cloth or dressing and cut a hole for affected eye.
-Position a paper cup over injured eye and impaled object.
-Do not touch the eye or imbedded object.
-Secure cup in place with bandage or scarf that covers Both eyes, because movement of the uninjured eye causes movement of the injured eye.

-Keep individual still and observe foe shock.
-Call or send someone to phone 999, for an ambulance or get individual to the emergency room immediately.

9. Dirt or Small Particle in the Eye

- Do not let individual rub his/her eye.
- Gently pull the upper eyelid out and down over the lower eyelid to try and remove the foreign body.
- Gently flush the eye with water from a medicine dropper or water glass. Have individual hold head with the affected eye lower than the other so the water does not flow into unaffected eye.
- If the particle remains and is visible, carefully try to brush it out with a sterile dressing. Lift the upper eyelid and swab its underside if you see the particle.
- If particle remains or individual has any vision problems or pain, cover the eye with sterile dressing and the uninjured eye.
- Call or send someone to phone 999, for an ambulance or get individual to the emergency room immediately.

10. Falls

When you observe a Minor Fall Do These:

- If it is safe to move the individual pick him/her up and comfort him/her.
- Apply an ice pack on bruised area.
- Treat any cuts or scrapes.
- Have him/her rest.
- Inform parents/guardian
- Instruct parent/guardian to observe for the next 24 hours and assess for any change such as ; unsteady walking, blurred vision, slurred speech or losing consciousness.

A Major Fall is you observe:

- It involves the head, neck and spine or hipbones.
- If the individual loses consciousness even if just for a moment.
- If there is clear liquid coming from the nose, ear or mouth.
- If the individual is having difficulty breathing.

Do These:

- Call or send someone to phone 999, or an ambulance
- Do not move the individual.
- Try to keep the individual still with the neck and spine straight.
- If you have to move the individual use two people to keep back and neck straight.
- While waiting for help reassure the individual, check breathing and pulse.
- Stop any bleeding.

- Look for the signs of shock. (Pale and sweaty clammy skin, rapid or uneven breathing, unconsciousness).
- Do not try to straight out any twisted limbs.
- Do not try and push any bones that might have broken through the surface of the skin back under the skin.
- Elevate the feet of the individual about 12in.
- Do not elevate the feet if you expect spinal or back injury or if doing so causes the individual any discomfort.

Call or send someone to phone 999, for an ambulance immediately if:

- Individual has trouble staying awake or is overly sleepy
- Is vomiting
- Cannot walk normally
- Has slurred speech
- Cannot stop crying
- Has trouble focusing or paying attention
- Complains of neck or back pain
- Has increased pain

11. Fever

Fever is an abnormal body temperature elevation. Normal range of temperature from children is 36.4 C to 37.0 C. In children any temperature of 38C or above is considered high and is classed as a fever.

A child's temperature can vary depending on activity, emotional stress; the type of clothing child is wearing, environmental temperature and disease process such as;

- Flu
- Ear infections
- Respiratory tract infections
- Tonsillitis
- Urinary infections
- Any of the common childhood diseases such as measles, mumps, chickenpox

Do These:

-Remove excess clothing

-Administer antipyretic as prescribed by school physician

-Provide adequate fluid intake as tolerated and as prescribed

-Place a cool sponge on the child's forehead

-Recheck temperature 20 to 30 minutes after administration of antipyretic

-Call or send someone to phone 999, for an ambulance immediately if individual develops:

- Change in level of consciousness
- Convulsions or fits
- Difficulty of breathing

Do not give Aspirin (acetylsalicylic acid) because of the risk of Reye's syndrome.

Sponging children is no longer recommended to lower the temperature because it can

lead to extreme chilling and shock to an immune nervous system and has little advantage over the use of oral antipyretics. (Purssell,200).

12. Fractures

A fracture is a break in the continuity or structure of the bone as a result of trauma, twisting or bone decalcification.

Do These:

- Put on personal protective equipment.
- Have individual rest and immobilize the injured body part, reassure individual.
- Check for the signs of shock, cover and keep warm.
- Call or send someone to phone 999, for an ambulance immediately.
- With an open fracture, cover the wound with a clean dressing.
- Apply ice pack on the injured area with a towel between the ice bag and the skin for up to 20 minutes.
- Raise the injured body part if it does not cause individual more pain.
- Elevate a splinted arm.
- Monitor individual's vital signs while waiting for an ambulance.
- Remove clothing and jewelry if they may cut off circulation as swelling occurs.

Do not:

- Do not try to align the ends of a broken bone.
- Do not give individual anything to eat or drink.

13. Joint Injuries

A – Dislocation

Dislocation is when one or more bones have been out of thenormal position in a joint.

Signs and Symptoms:

- The joint is deformed as compared to the other side of the body.
- Pain over involved area
- Swelling
- Inability to use injured body part

Do These:

- Have the individual rest and immobilize the area in the position in which you find it, reassure individual.
- Check for signs of shock, cover and keep warm.
- Call or send someone to phone 999, for an ambulance immediately.
- Apply ice pack on the injured area with a towel between the ice bag and the skin for up to 20 minutes.
- Use a splint to immobilize the area

- Monitor individual's vital signs while waiting for an ambulance.
- Remove clothing and jewelry if they may cut off the circulation as swelling occurs.

Do not:

- Do not try to put the displaced bone back in place.
- Do not give individual anything to eat or drink.

B – Sprain

Sprain is an injury which occurs due to excessive stretching of a ligament from its normal position. It is caused by a twisting motion, such as a fall or step in uneven surface.

Do These:

-Have individual rest and immobilize the area in the position in which you find it, reassure individual.
-Apply ice pack on the injured and wrap joint with a compression bandage.
-Use a soft splint (blanket or pillow) to immobilize and support the joint.
-Elevate a sprained hand or ankle above the level of the heart.
-Call or send someone to phone 999, for an ambulance
-Remove clothing and jewelry if they may cut off circulation as swelling occurs.

14. Migraine Headache

Signs and Symptoms:

- Pain in the temples or behind one eye or ear or any part of the head
- Nausea and vomiting
- Sensitivity to light and sound
- Seeing spots or flashlights

Do These:

- Check vital signs
- Apply cold compress to the area of pain
- Have individual rest in bed with pillows comfortably supporting head or neck.
- Reduce light and noise in the room
- Administer analgesic as prescribed by school physician.

15. Nausea and Vomiting

Signs and Symptoms:

- Weakness
- Dizziness or fairness
- Perspiration
- Skin pallor

- Rapid pulse
- Headache

Do These:

- Assist individual into sitting position, lean head forward over emesis basin
- Ask to take deep breaths slowly
- Apply a cool compress over individual's forehead
- Limit movement and activities
- Limit intake of food and fluid until nauseous feeling subsides
- Observe what is the vomitus and amount of vomitus
- Call or send someone to phone 999, for an ambulance if vomiting persists with signs of dehydration.
- Limit client's intake of food and fluid temporarily until signs of nausea subside.

16. Near Drowning

Do These:

- Call or send someone to phone 999, for an ambulance immediately for transfer to emergency department.
- Remove wet clothes if possible and keep individual warm
- Check vital signs
- If breathing spontaneously:
  - Place in recovery position, ideally with head low down so that water drains from the mouth
  - Supplemental Oxygen may be given by mask to aid ventilation

17. Nose Bleeds

Do These:

- Put on personal protective equipment
- Have individual sit and tilt head forward and ask to keep his/her mouth open
- Loosen any tight clothing around the neck
- Press both sides of the nostrils just below the bridge of the nose continuously for 10 to 15 minutes.
- Ask individual to breathe through his/her mouth and not to speak, swallow cough, blow or sniff
- If bleeding continues press harder
- Check vital signs
- After 10 to 15 minutes, release pressure slowly. Pinch the nostrils again for another 10 to 15 minutes if bleeding continues
- Call or send someone to phone 999, for an ambulance immediately if;
  - Bleeding continues after 2 attempts to control bleeding and is heavy such as gushing blood
  - You suspect there is injury

- Individual has difficulty breathing or high blood pressure

Do not:

- Do not ask individual to lean his head backward
- Do not use ice pack on the nose or forehead
- Do not press on the bridge of the nose between the eyes (upper bony part of the nose)
- If there is a foreign objects:
  - Do not attempt to remove object
  - Call parent and recommend medical check-up

18. Toothache

Signs and Symptoms:

- Individual's jaw is sore and tender to touch
- Bleeding or swelling around the tooth or gums
- Throbbing pain in the head, jaw and ear
- Eating or drinking difficult
- Tooth is sensitive to hot/cold food and drink

Do These:

- Give warm water mouthwash
- Give analgesic as per school physician's/dentist's standing order
- Apply warm compress on the cheek over affected tooth/teeth
- Have individual see dentist immediately if pain is throbbing in nature and accompanied with fever.

Do These for Tooth Knocked Out:

- Have individual sit with head tilted forward to let the blood drain out
- Wear personal protective clothing
- Fold roll gauze into a pad and place over the tooth socket
- Instruct individual bite down to put pressure on the area for 20 to 30 minutes
- Save tooth which maybe re implanted. Touch only the tooth's crown, rinse it if dirty. Put in a container of milk or cool water.
- Get individual and the tooth to a dentist immediately.

19. Wounds

The treatment of wounds depends on the mechanism of injury and the type of wound caused, like laceration, puncture etc. Wound care involves cleaning and dressing to prevent infection (especially Tetanus) and protect the wound so that healing can occur. The control of any bleeding is the priority of care.

A – Cuts/Superficial Abrasion:

Do These:

- Determine cause of injury
- Wear personal protective
- Gently wash the wound with soap and water to remove dirt
- Cover the wound with dry, sterile dressing and bandage
- Determine individual's Tetanus immunization status

B – Deep/Extensive Laceration:

Do These:

- Determine cause of injury
- Wear personal protective equipment
- Call or send someone to phone 999, for an ambulance
- Control bleeding by covering with sterile gauze dressing and apply direct pressure
- Gently wash the wound with soap and water to remove dirt
- Cover the wound with dry, sterile dressing and bandage
- Determine individual's Tetanus immunization status

C – Puncture Wound:

Do These:

- Determine cause of injury
- Wear personal protective equipment
- Call or send someone to phone 999, for an ambulance
- Control bleeding by covering with sterile gauze dressing and apply direct pressure
- Gently wash the wound with soap and water
- Cover the wound with dry, sterile dressing and bandage
- Determine individual's Tetanus immunization status

D – Bleeding:

Many injuries cause external or internal bleeding; bleeding may be minor or life threatening. Bleeding is one of the most frightening emergencies.
Remember:

- Remain calm
- You can stop most bleeding with pressure.
- Bleeding often looks a lot worse than it is.

Do These:

- Wear personal protective equipment.
- Remove clothing to expose the wound.
- If individual is able, ask to apply pressure over the wound with a large sterile dressing while you put on gloves and eye protection.
- Apply firm pressure on the dressing over the bleeding area with the flat part of your fingers or the palm of your hand.
- A small amount of pressure is needed to control bleeding from a scrape. Press harder to stop severe bleeding.
- If bleeding does not stop, add a second dressing and press harder.
- Do not remove the first dressing because it might pull off some blood clots and cause the wound to bleed more.
- Check for signs of shock.
- Elevate the wound; raise the injured part of the body above the level of the heart to slow down blood flow to the wound.
- Ask individual to lie down, with the legs raised if you think that shock may develop.
- Monitor vital signs. Keep individual warm.

20. Food Poisoning

Do These:

- Have individual rest in bed.
- Give fluids if not vomiting.
- Call or send someone to phone 999, for an ambulance and transfer to emergency department immediately.

21. Fainting

Do These:

- Check the individual's ABC's and provide BLS if required.
- Lay the individual down and raise the legs about 12 inches above the level of the heart.
- Loosen constricting clothing.
- Check for possible injuries caused by falling.
- Reassure individual as he/she recovers.
- Send someone to phone 999, for an ambulance and transfer to emergency department immediately.

22. Poisoning

Do not try induce vomiting.

Do These: Determine what was swallowed, when and how much.

Monitor vital signs, level of consciousness.

-Send container of substance (medicine/s etc.) to the hospital.
-For a responsive individual:

- Call or send someone to phone 999, for an ambulance and transfer to emergency department immediately.
- If individual's mouth or lips are burned by corrosive chemical, rinse the mouth with cold water (without swallowing).

-For an unresponsive individual:

- Put in recovery position and be prepared for vomiting
- Call or send someone to phone 999, for an ambulance and transfer to emergency department immediately.

23. Diabetic Emergencies

People with diabetes sometimes have problems maintaining a balance of blood sugar and insulin in the body. They can go into hyperglycemia or hypoglycemia. Many factors can cause either of this condition. The immediate effects of low blood sugar can be more

Serious than that of high blood sugar. Individuals quickly progress to a medical emergency if they are not treated promptly.

Signs and symptoms of Hypoglycemia (low blood sugar):

- Sudden dizziness.
- Shakiness.
- Mood change or aggressiveness, anger
- Headache.
- Confused or having difficulty paying attention.
- Pale skin.
- Sweating.
- Hunger
- Jerky movements

Do These:
-Ask and confirm if individual has diabetes; look for a medical alert ID.
-Give sugar.

- 2 – 4glucose tablets or
- 6 – 8 ounces 100% orange juice or other juice.
- 1 to 2 sugar packets or 5 or 6 pieces of hard candy (unless choking is a risk).

-If still feels ill or has signs and symptoms after 15 minutes, give sugar every 15 minutes until individual recover or EMS arrives.
-If individual is unable to sit up or swallow, call or send someone to phone 999, for an ambulance.
-If individual is having seizure, follow steps for management of seizure.
-If individual is not having seizure and you do not suspect head, neck or spine injury, roll him/her to recovery position to help keep airway open.

Do not give foods that contain little or no sugar such as:

- Diet soda.
- Chocolate
- Artificial sweetener.

24. Bronchial Asthma Attack

During an asthma attack the airway becomes narrow and the individual has difficulty breathing. Many asthma individuals know they have the condition and carry medication for emergency situations. Untreated a severe asthma attack can be fatal.
Do These:

-Help individual rest and sit in a position for easiest breathing.

-Assist individual to use his/her medication (usually an inhaler)

- Follow prescribed dose for children or adults
- Use a spacer if available.

-Reassure individual and assess vital signs.

-Administer oxygen inhalation as per your school physicians' standing order.

-Call or send someone to phone 999, for an ambulance immediately if:

- Individual does not know he/she has asthma (first attack).
- Breathing difficulty persists after using the inhaler.

25. Seizures

Seizures or convulsions result from a brain disturbance caused by different condition such as; epilepsy, high fever in children, certain injuries etc.

Do These:

-Check for vital signs of life.

-Prevent injury during seizure; move away dangerous objects, put something flat and soft under the head.

-Loosen clothing around the neck to ease breathing.

-Gently turn individual to one side to help keep the airways clear if vomiting occurs.

-Call or send someone to phone 999, for an ambulance immediately if:

- Seizure continues more than 5 minutes, recovers very slowly.
- Has difficulty breathing or another seizures quickly follows.
- Individual is not known to have epilepsy.
- Individual has a history of diabetes or is pregnant or is injured.

-If individual is injured manage injuries resulting from the seizure.

26. Febrile Convulsion

-For individual with febrile convulsions follow the steps:

- For reducing fever.
- For managing seizures

Do Not:

- Do not try to stop a convulsing individual's movement.
- Do not place any object in the individual's mouth.

EMERGENCY PROCEDURES FOR INJURY OR ILLNESS

Follow the following recommendations:

- Remain calm and communicate a calm, supportive attitude to the ill or injured individual.
- Never leave an ill or injures 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, institute CPR.
- Do not use treatment methods beyond your skill level or your scope of practice. All persons working with students are encouraged to obtain training in CPD/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 seizures).
    - Shock.
    - Unconsciousness
    - Wound (deep/extensive).

How to call EMS (Emergency Medical System):

When you call 999 be ready to give the following information:

1. Your name and the phone number you are using.
2. The location and number of individuals.
3. What happened to the individual and any special circumstances or conditions that may require special rescue or medical equipment.
4. The individual's condition: is individual responsive, breathing or bleeding.
5. Individual's appropriate age and sex.
6. What is being done to the individual.

Every school should have a procedure for contacting the individual's parent/guardian/named contact individual in an emergency as soon as possible.

It is good practice to practice to report all serious and significant incidents to individual's parent/guardian by sending a letter home or by telephoning them

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PRINCIPAL	ADMIN OFFICER	SCHOOL DOCTOR

STAY AT HOME IF UNWELL

In order to protect tour students' health and to reduce and minimize the spread of illnesses in the school, the following regulations shall apply.

1. Please **do not** send your child/children to school if they have:

    - fever
    - skin rash
    - Vomiting (not to return to school for 24 hours after the last vomiting episode)
    - Diarrhea (not to return to school for 24 hours after the last diarrhea episode)
    - Abdominal pain
    - Cough
    - Shortness of breath
    - Runny nose
    - Nasal congestion
    - Red, watery, sticky or painfull eyes
    - Myalgia or bodyache
    - Fatigue
    - Sore throat,
    - If he/she has an infected sore or wound, it must be covered

by a well-sealed dressing or plaster.

If your child has any of the previously mentioned symptoms, please keep your child at home and he/she will only be permitted to return back to the school basedoneitheraclearancecertificatefromtheirtreatingdoctororanegative PCR test where it is required.

2. If your child is assessed by the school doctor and deemed to be a possible risk of infection to other students, you will be contacted to take him/her home immediately.

3. Please make sure that a proper medical treatment is taken and inform the school clinic if your child is being treated for a medical condition.

4. Kindly make sure that your child practices hand hygiene, maintains short nails, clean clothes and clean hair etc.

5. Anyone infested with head lice will not be allowed in school until the hair is thoroughly treated and is free from lice.

6. It is recommended to check your child for hair lice or nits, on weekly basis .If he/she is infested, start the treatment at home and report the same to the school nurse. It will be kept confidential.
7. Please inform the School if your child has been or being treated for a medical condition.

I have read and understand the Infection Control Policy.

Parent
Name:_____

Signature: _____ Date:
_____

MEDICAL WASTE STORAGE AND DISPOSAL

Adequate waste disposal bins with lid and plastic disposal bags should be provided.

All bags are tied, labeled and secured before leaving the place of generation in the clinic.

Medical waste bags are removed daily from place of generation.

Independent medical waste storage area with proper ventilation is available.

Sharp box for disposal of sharp waste should be available.

Sharp box is replaced every 3 months of filled 3/4th.

Clinical and non-clinical wastes should be collected separately.

Valid contract should be made with waste management services for disposal of clinical waste.

REVIEWED IN JUNE 2024

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PRINCIPAL	ADMIN OFFICER	SCHOOL DOCTOR

Safe use of chemicals for infection control at JSSPS

Reviewed in June 2024

Objective

To control Infectious agents while using chemicals safely:

- Breathing in airborne germs – coughs or sneezes release airborne pathogens, which are then inhaled by others
- Touching contaminated objects or eating contaminated food – the pathogens in a person's faeces may be spread to food or other objects, if their hands are dirty
- Skin-to-skin contact – the transfer of some pathogens can occur through touch, or by sharing personal items, clothing or objects
- Contact with body fluids – pathogens in saliva, urine, faeces, or blood can be passed to another person's body via cuts or abrasions, or through the mucus membranes of the mouth and eyes.

Scope

This policy in the school is to assume that everyone can be potentially in risk of infection including the cleaning staff. Proper procedures have to be followed at all times. School should have an appropriate measure for all the areas like personal hygiene, cleaning, safe use of chemicals etc.

Area for frequent use of chemical

- Reception lobby/waiting area
- Handrail of the doors, toilets. Classrooms, corridors, escalators, stairs and elevators
- Study tables and seats
- Toys, Stationery and educational materials
- Canteen surfaces
- Meeting, training and praying rooms
- Washrooms and changing rooms
- Educational media remote controls
- Kids playing area
- Computers and its accessories
- Bus seats and handles

- *Computer and its accessories*

Personal hygiene practices– Before, during and after chemical use

Infection control procedures relating to good personal hygiene include:

- Hand washing – the spread of many pathogens can be prevented with regular hand washing. Thoroughly wash hands with water and soap for at least 20 seconds after visiting the toilet, before going for any task and after touching equipment and chemicals. Dry hands with disposable paper towel
- Unbroken skin – intact and healthy skin is a major barrier to pathogens. Cover any cuts or abrasions with a waterproof dressing while using chemicals
- Gloves – wear gloves if handling body fluids or equipment containing body fluids, if touching someone else's broken skin or mucus membrane, or performing any other invasive procedure. Wash hands between each work and use fresh gloves for new work where necessary
- Personal items – don't share personal items.

Workplace cleaning with chemicals

Infection control procedures relating to cleanliness in the School include:

- Regularly washing the floors, bathrooms and surfaces (such as tables and bench tops) with appropriate chemical as per Dubai municipality protocols.
- Periodically washing the walls and ceilings
- Thoroughly washing and drying mops, brushes and cloths after every use – drying mops and cloths is particularly important, since many pathogens rely on moisture to thrive
- Using disinfectants to clean spills of bodily fluids
- When using disinfectants always wearing gloves, cleaning the surfaces before using the disinfectant, and always following the manufacturer's instructions exactly
- Spot cleaning when necessary.

Use of chemicals while dealing with spills of body fluids

Examples of body fluids include blood, saliva, urine and faeces. When dealing with spills of body fluids, infection control procedures need to be followed carefully. Always:

- Isolate the area.
- Wear gloves, a plastic apron and eye protection, such as goggles.

Rules of Chemicals used for infection control

Ensures safe use of chemicals used for infection control as per the guidelines given by Dubai Municipality.

1) All the cleaning staff should be correctly trained for cleaning techniques, use of chemicals and using of equipment.
2) Use only Dubai Municipality Approved chemicals and before expiry date
3) Mixing the chemical with water as recommended by manufacturer and refer MSDS
4) Follow Standard operating procedure for disinfection treatment
5) Use PPE-Gloves. Mask, Safety shoes, Goggles, etc... While performing task.
6) Keep the Chemicals in Designated Area and Restrict to entry for un-authorized staff.
7) Wash all the used equipment after completion of task. And keep in designated area.
8) Expired chemicals to be stored separately and dispose as per guidance.

Reviewed and Approved by

Chitra Sharma	Pradeep Kumar H.S	Dr. Salma Abdalrahim
PRINCIPAL	**ADMIN OFFICER**	**SCHOOL DOCTOR**

Waste and Hazardous Management in JSSPS

Reviewed in JUNE 2024

INTRODUCTION:

Dubai Municipality has introduced the RASID waste management system to monitor and regulate registered waste management companies .Wastes in Dubai are classified under five main categories: general wastes, green/horticultural wastes, construction and demolition wastes, liquid wastes and hazardous wastes.

The Waste Management Department of the Dubai Municipality has a Waste Management Master Plan in place. The plan is the holistic, integrated and sustainable initiative for waste management in Dubai for the next 20 years. It sets up certain targets for waste diversion and recycling through the implementation of new policies, information technology, awareness and waste management facilities.

These wastes are classified on the basis of their biological, chemical, and physical properties and generate materials that are toxic, reactive, ignitable, corrosive, infectious, or radioactive and can be treated by chemical, thermal, biological, and physical methods.

At JSS Private School, we should abide by the RASID Management System.

HAZARDOUS WASTE IN SCHOOLS;

At JSSPS, science labs cleaning supply rooms, an educational facility houses a variety of hazardous waste that must be managed and disposed properly for safety and compliance reasons.

There are several best practices that facility managers of school buildings should corporate into their hazardous waste management programs. In addition to

following certain protocols, having a clear understanding of hazardous waste regulations is the foundation for an effective program.

Hazardous Waste Regulations: The Basics

RASID states that generators of hazardous waste are responsible for their waste from the time of generation to the final destruction. Schools are considered generators of hazardous waste, and therefore, facility managers of school buildings must follow all government-mandated guidelines outlined within RCRA and any other relevant federal, state, or local regulations that dictate how to manage and dispose of it. If they do not follow regulations, schools are at risk for receiving penalties, and their actions could have a damaging effect on the environment.

To ensure hazardous waste is managed in a safe manner that is compliant with government-mandated regulations, JSS Private School corporate with a hazardous waste disposal services company to provide compliance training in addition to pick-up and disposal services. After the hazardous waste is picked up from the school, the service provider assumes the responsibility of the waste and transports it to a waste treatment facility.

What Constitutes Hazardous Waste?

In a school building, there are several commonly-found items that have hazardous properties. Once an item containing hazardous properties is no longer usable, it is regarded as hazardous waste. A hazardous waste is a waste with properties that make it dangerous or capable of having a harmful effect on human health or the environment."

Hazardous waste items possess ignitable, corrosive, reactive, and/or toxic characteristics. To determine if a product is considered a hazardous waste item,

we can review its safety data sheet, manufacturer information, label, and ingredients, or refer to guidelines provided by your hazardous waste management service provider.

Hazardous Hot Spots

As one of the most common sources of hazardous waste in a school building, science lab classrooms require special attention to ensure proper management, transport, and disposal of chemicals. From cleaning ventilation hoods to removing chemicals no longer needed, hazardous waste regularly needs to be addressed in school science labs.

Hazardous Waste Categories

Hazardous waste must be properly identified and separated by the following hazardous waste categories: aerosols and flammables, toxics, corrosive acidic, corrosive alkaline (basic), oxidizer, and universal waste.

Flammable items catch fire easily and have a flash point of less than 140 degrees Fahrenheit or 60 degrees Celsius.

Corrosive acidic and alkaline items easily corrode materials or human tissue. Acidic materials contain a pH of less than 2, while alkaline materials have a pH of 12.5 or higher. Many cleaning items commonly used in schools have corrosive characteristics.

Toxic items, such as rat poison, are harmful or fatal when ingested or absorbed. While not typically found in a school building setting, reactive waste can release toxic fumes when heated or mixed with water.

Oxidizers actively support combustion, and include chemicals sometimes found in school laboratory classrooms, such as hydrogen peroxide, sodium per chlorate, and bromine.

Universal waste items include batteries, light bulbs, and pesticides, and must be managed by the same standards as hazardous waste. There are some items considered nonhazardous by states, such as soaps, shampoo, and non-bleach detergents that are regulated as hazardous waste and thus, must be treated as such.

Storage and Safety

There are several best practices for bagging, segregating, and storing hazardous waste that will help ensure the safety and compliance of your school's hazardous waste management program.

Properly seal items. Prior to storing any hazardous waste items in a bin, place them individually in a sealed plastic bag to keep items from commingling and causing a reaction. Double bag any containers that are leaking and add absorbents to prevent issues.

Use separate bins. Incompatible hazardous waste items must remain separate, so it's recommended to use separate accumulation bins that are designated for each of the following categories: aerosols and flammables, toxics, corrosive acidic, corrosive alkaline (basic), oxidizer, and universal waste.

Label containers properly. Once the initial item is place within a bin, label the container as "Hazardous Waste" and also include the accumulation start date. Should an inspector ever visit your school, proper labeling is one of the first

things the inspector will examine and evaluate? States often require weekly inspections of hazardous waste accumulation containers and storage areas, but also depend on the regulations concerning our school's generator size.

Scout a safe storage area. Store accumulation bins in a dedicated, permanent, clean, and neatly organized hazardous waste area. The ideal location is away from traffic areas, electrical panels, perishable/consumable product storage, and dock doors. Also to keep containment bags, spill kits, and absorbent and other relevant supplies in the secure storage area. The waste bins should be clearly visible at all times, and emergency numbers, training materials, and posters should be on display in plain sight, as well.

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PRINCIPAL	ADMIN OFFICER	SCHOOL DOCTOR

PHYSICAL ACTIVITY POLICY

Physical Activity Policy

Aim of Policy We have a responsibility to help pupils and staff establishes and maintains lifelong habits of being physically active. Regular physical activity is one of the most important things people can do to maintain and improve their physical health, mental health, and overall well-being. Regular physical activity reduces the risk of heart disease, high blood pressure, colon cancer and diabetes in particular. Promoting a physically active lifestyle among young people is important because:

- Through its effects on mental health, physical activity can help increase pupils' capacity for learning

- Physical activity has substantial health benefits for children and adolescents, including favorable effects on endurance capacity, muscular strength, body weight, and blood pressure

- Positive experiences with physical activity at a young age help lay the basis for being regularly active throughout life. Therefore, this policy promotes practices within the school to reinforce our vision, and to remove or discourage practices that negate them.

Definition of Physical Activity

Physical activity is defined as any force exerted by skeletal muscle that results in energy expenditure above resting level and includes the full range of human movement, from competitive sport and exercise to active hobbies, walking and cycling or activities of daily living'. Provision of Physical Activity in School Physical activity in school is provided through the following;

1. School ethos

2. Physical Education Lessons

3. Active lessons

4. Extra-curricular physical activity

5. Before School, Break and lunchtime activity

6. Accessible and adequate facilities

7. Staff opportunities

8. Involvement with parents/carers

9. Involvement with School Sports Partnership and other community resources

10. Healthy Lifestyles themed day/week 11.Achievement Assemblies

1. School Ethos

Every student shall be physically educated - that is, shall develop the knowledge and skills necessary to perform a variety of physical activities, maintain fitness, regularly participate in physical activity, understand the short and long-term benefits of such activity, and value and enjoy physical activity as an ongoing part of a healthful lifestyle. In addition, older pupils are encouraged to take responsibility for their own health and the health and fitness of the younger pupils by becoming a Sports Leader.

2. Physical Education Lessons

There is a sequential scheme of work of physical education that involves moderate to vigorous physical activity on a regular basis; teaches knowledge, motor skills, self-management skills, and positive attitudes; promotes activities and sports that pupils enjoy and can pursue throughout their lives; is taught by well-prepared and well-supported staff; and is coordinated with the PSHE curriculum. Every pupil in each year shall participate in regular physical education for the entire school year, including pupils with disabling conditions and those in alternative education programs. Our commitment to physical activity is such that this year our weekly provision continues to be 35-minute lessons. The scheme of work makes effective use of school and community resources and equitably serve the needs and interests of all students and staff, taking into consideration differences of gender, cultural norms, physical and cognitive abilities, and fitness levels.

3. Active Lessons

All students look for opportunities to plan active lessons where possible and appropriate, for example; delivering literacy speaking and listening through dramatic.

4. **Extra-Curricular Physical Activity**

This school offers a physical activity programmed that features a broad range of activities and meets the following criteria:

- Students have a diverse choice of activities in which they can participate. Competitive, non-competitive, structured, un-structured, and including some physical activity options e.g., gardening or drama.

- Every student has an opportunity to participate regardless of physical ability;

- Students have the opportunity to be involved in the planning, organization, and administration of the programmed. E.g., the Sports Captains organize and train the House Teams in netball and football.

- Pupils are consulted, via the School Council, which physical activities they want to have at lunchtimes and after school. Activities include: Football, Yoga, basketball, dance and many more. All activities shall be supervised by qualified staff, coaches or instructors. During this time, pupils are encouraged to participate in a number of physical activities that they may not have done or is not available in the regular school-based curriculum.

5. Before School, Break and Lunch Time Activity

Our Breakfast club and break times provide opportunities for physical activity, which help students stay alert and attentive in class and provides other educational and social benefits. The school has playgrounds with playground markings which the pupils use on a regular basis. Lunchtime supervisors engage pupils in physical activity at lunchtime.

6. Accessible and adequate facilities

The school endeavors to ensure the cost-efficient provision of adequate spaces, facilities, equipment, supplies, and operational budgets that are necessary to achieve the objectives of the physical activity program. Access to sports halls Yoga room and playgrounds after school hours will be permitted wherever it is appropriate to do so.

7. Staff Opportunities

There is a focus on staff well-being through a planned programs of activities offered during week end. Staff offer activities and external agencies are invited into school during that week.

8. Involvement with Parents/guardians

Family members and other adult volunteers are encouraged to become involved with school activities. All volunteers shall receive an induction about relevant school policies, procedures, and standards of conduct and will be subject to background and reference checks. This school involves parents in physical activity to gain their support and encouragement, which is essential if pupils are to participate in physical activity outside of school. For example:

- Parents are encouraged to play their part in teaching their child to swim by helping them to develop water confidence and swimming skills at an early age.

Children can then build on this learning during school swimming sessions. Swimming is a great way for families to enjoy fun and exercise together.

It is also an activity that people can enjoy at any age, and hopefully children will develop into lifelong swimmers as a way of keeping fit and having fun.

- Parents are invited to our Health and Sports Week and are able to participate in activities with the children.

- Parents have been consulted on physical activity opportunities in school.

- The local community is able to use the Sports Facilities and clubs on offer after school for the community on the school site, which has proved very popular with parents.

9. Involvement with School Sports Partnership and Other Community Resources

The school works with recreation agencies/sports development and other community organizations to coordinate and enhance opportunities available to students and staff for physical activity, joint school and community recreation activities. The school has achieved the Active Mark and regularly liaises with the pyramid of schools to further enhance the provision of community activities.

10. Healthy Lifestyles Themed Day/Week

Specific time is allocated each school year to focus on promoting healthy lifestyles, which includes physical activity taster activities where children can try new activities not currently offered by school. Links are made to healthy eating, risk taking and drugs, road safety and first aid. Parents, staff and local community resources, such as Sports Development are involved in activities during this week.

11. Physical Achievements

We regularly hold achievement assemblies to celebrate physical achievements as well as academic performance. We believe these assemblies are very important as they raise the pupil's confidence and self-esteem, which in turn may encourage them to continue being active. Certificates are given to children who are trying their best at a new activity or who have achieved their personal best. Therefore, every child has a chance to receive a certificate in our achievement assemblies.

MELJI SHYJU	**DR. SALMA ABDALRAHIM**	**CHITRA SHARMA**
SCHOOL NURSE	**SCHOOL DOCTOR**	**SCHOOL PRINCIPAL**

NUTRITION POLICY

Contents:

1. Aims, purpose and responsibility

Why children need to eat well.

- What children eat today, shapes how they'll eat for the rest of their lives
- Too many children aren't getting enough of the right foods to eat and too little of the foods that help keep them healthy
- When children eat better, they do better they're in better shape to reach their full potential
- Being able to cook is an essential life skill: it all starts with getting children excited about food
- Eating good food is one of life's real pleasures: every child should know how it feels to enjoy a tasty meal with people you love.

This policy covers all food provided and consumed in school including before, during and after school and on school trips and in extra-curricular events.

Why a policy is needed?

At JSSPS we recognize the important of a healthy diet plays for a child's wellbeing and their ability to learn effectively and achieve. We believe that the school, in partnership with parents and carers, can make a major contribution to improving children and young people's health by increasing their knowledge and understanding of food and helping them to make healthy food choices.

This policy explains

- What we do to provide healthy balanced food throughout the school day
- How we help pupils eat healthily
- What we teach so that pupils know how to make healthy food choices
- Our approach to improving pupils' health through healthy eating.

We aim to

- Provide safe, tasty, and nutritious food that promotes health
- Enable all pupils to have a healthy school meal
- Make healthy eating enjoyable and the norm
- Provide safe, easily accessible water during the school day
- Promote healthy eating/healthy food choices and discouraging unhealthy eating/unhealthy food choices
- Be a role model for healthy eating
- Monitor healthy choices, including packed lunches
- Use a range of opportunities to promote healthy eating

Responsibility:

It is the responsibility of all staff including teaching and support staff to implement the food policy and to actively act as role models to demonstrate positive attitudes to healthy eating and to develop pupils' awareness and understanding of how to make healthy food choices:

2.Food in the curriculum

Food, its production and preparation are an important part of the curriculum for all pupils and is taught across the curriculum through science, PE and enrichment

This policy will contribute towards other policies in the following ways:

Behavior:

Children who eat healthily are more focused on their studies and behavior is better

Science: Healthy eating and nutrition is part of the science curriculum

Equality: We take account of the needs of all our children, including those with allergies

Curriculum assessment

3. School lunches

All our school meals are provided by a contracted caterer, who acts in accordance with the School Food Standards. The dining area has a calm and positive atmosphere where children socialize and enjoy the dining experience. Staff monitor food choices and encourage pupils to try new foods.

4. Monitor student's lunch brining from home

Aim

To ensure that all packed lunches brought from home and consumed in school (or on school trips) provide the pupil with healthy and nutritious food that is similar to food served in schools which is in line with The School Food Standards.

Packed lunches should not include:

• Snacks such as crisps. Burgers, canned food

• Confectionery such as chocolate bars, chocolate-coated biscuits, chocolate spread, sweets and chewing gum.

• Meat products such as sausage roll, individual pies, corned meat and sausage

• Fizzy or sugary drinks.

These expectations are monitored by lunchtime staffs, who communicate with parents when necessary.

Special diets and allergies

The school recognizes that some pupils may require special diets that do not allow for the standards to be met exactly. Lunches are as healthy as possible. For these reasons pupils are also not permitted to swap food items.

Packed Lunch Containers

Pupils and parents are responsible for providing a packed lunch container where food items can be stored securely and appropriately until the lunchtime period. Pupils and parents are encouraged to bring packed lunches in reusable lunch box, rather than disposable plastic bags and bottles.

Monitoring packed lunches

To promote healthy eating, we will regularly monitor the content of packed lunches and involve pupils and staff. We will talk to parents and carers where necessary and offer advice and guidance on bringing healthy packed lunches.

5. Snacks

As part of promoting healthy eating children are encouraged to eat the fruit and vegetables.

Only healthy snacks are allowed at break time. Fizzy drinks, sweets, crisps and chocolate biscuits are not allowed in school or on school trips.

6. Breakfast club

Aim

• To provide food for children of families that has an early start to their day

• To improve pupils' education: if a child misses out on breakfast they may suffer from tiredness, a lack of concentration, poor behavior or learning issues by mid- morning.

• To meet the social needs of children and improving social skills in a relaxed environment and with children of varying ages

• To improve the punctuality of some children who were frequently late

• To improve links between parents and school and children and class teachers

The club offers a calm, clean, pleasant environment for children to eat a healthy breakfast and to socialize with other children and adults.

A good variety and healthy balance of foods as recommended by the Balance of Good Health

1. A good portion of starchy food, e.g., lower salt/sugar breakfast cereals, bread, toast, fruit bun or bagel

2. Fruit and vegetable choices such as orange juice, fresh or dried fruit

3. A portion of milk or dairy food e.g., semi skimmed milk on cereals or low-fat yogurt

4. A choice of drinks e.g., water, juice, and semi skimmed milk

5. An opportunity to have exercise outside when the weather permits

Special diets and allergies

Nut allergies

We are a nut free school but we cannot guarantee that food products are totally nut free. Parents are asked to refrain from providing food products, which may contain nuts, in packed lunches or any other food brought into the school and children with a nut and/or peanut allergy have an individual management plan.

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Infection Control Measure for JSS Private School

Contents

Introduction

The purpose of the infection control guideline is to assist JSS Private School to prevent or minimize the spread of infectious diseases to staff, students and others. Spread of infectious diseases requires a source of infection, a route of mode of spread and a host-person capable of acquiring the illness or disease. Most infectious diseases are spread by a single, well-defined route.

Routes of mode of spread include:

(a) Droplet - When infected people sneeze, cough or talk, germs can spread by way of respiratory droplets. Hands and other surfaces soiled with nasal and throat discharges are often responsible for the spread of disease. Examples of infectious diseases spread by droplet mode of spread include: common cold, influenza, parvovirus B19, measles, mumps, rubella and pertussis (whooping cough).

(b) Airborne – This occurs when bacteria or viruses have the ability to remain suspended in the air and be borne by air currents e.g. after sneezing. Examples of infectious diseases spread by airborne mode of spread include chickenpox, tuberculosis.

(b) Faecal-oral – Some viruses, bacteria and parasites are spread by this route. In these cases they are present in the faeces of infected people and may be passed directly from soiled hands to others either directly to the mouth or indirectly via objects, surfaces or food. The sites most commonly contaminated with faeces are hands, floors, tap handles, toilet areas (e.g. flush

handles/buttons) handrails, door handles and tabletops. Examples of infectious diseases transmitted via the faecal- oral route are bacterial and viral gastroenteritis, giardia, hepatitis A, *Salmonella*,

Shigella and a variety of intestinal viruses including Enteroviruses that cause hand, foot and mouth disease.

(c) Contact - Some diseases can be spread directly via skin-to-skin contact, or indirectly by contact with contaminated objects or surfaces. Such spread can occur with impetigo (skin boils or sores), ring worm, scabies and head lice.

(d) Vector - Some viruses are spread by insect-to-blood contact through mosquito bites such as dengue, malaria, Japanese encephalitis.

(e) Blood or blood products - Some diseases, such as AIDS, caused by the human immunodeficiency virus (HIV), hepatitis B and hepatitis C are spread through blood or blood products. Mode of spread can occur when infected blood or blood products enters another person through broken skin, mucous membranes of the eyes, nose and mouth. It has been noted that such diseases can spread via needle-stick injuries if the needle is still infectious with a blood borne organism.

(f) Urine – Urine can carry infectious organisms. Hands, objects or surfaces that have been soiled by urine from an infected person can enable the spread of infection, such as cytomegalovirus (CMV).

Standard Precautions

Standard Precautions are to be adopted at all times. Standard precautions are work practices that assume that all blood and body fluids are potentially infectious. These precautions should be used as a first-line approach to preventing infection and should be adopted for contact with all blood and body fluids. Gloves are worn to prevent contact with non-intact skin, moist mucous membranes, and body fluids; masks and eye protection are worn when there is a chance of splashing body fluids into the eyes, nose or mouth; gowns are worn if there is a chance that clothing may become soiled with body fluids. Precautions also include proper disposal of contaminated equipment and good hand washing practices

In summary, the precautions include:

1. Good hygiene practices, including hand washing
2. Use of personal protective equipment (PPE)
3. Appropriate handling and disposal of sharps and other infectious waste
4. Appropriate cleaning and disinfection of contaminated items.

Good hygiene practices include:

Hand washing

a. Hand washing is one of the most important measures in preventing mode of spread of infection.
b. Mild liquid soap should be available at hand basins. Antiseptic soaps are not necessary and may irritate some skin types. Liquid soap dispensers should be fitted in preference to bars of soap.

c. Paper towels or air dryers should be available at hand basins for drying hands and in other relevant *areas for* general drying and cleaning. Clean fabric cloths, towels or rags may be used in place of paper towels for *single-use* drying or cleaning. Individual cloth towels may be provided for students in some settings, such as prep/childcare, provided these are laundered regularly and not shared between students. Communal cloth towels should not be used.

d. A copy of the picture on Hand Washing Technique (Appendix A) should be laminated or placed in a plastic sleeve and placed on the wall adjacent to washing facilities.

e. Hands should be washed using soap and water and then dried:

    - before handling, preparing or eating food
    - before and after assisting students with eating/meals
    - before and after assisting students with toileting
    - before and after providing first aid or medication
    - before and after touching an ill or injured person
    - after touching blood or body fluids
    - after removal of protective gloves
    - after using the toilet; and
    - after touching animals.

f. Alcohol-based hand rubs can be used routinely however the safety issues, including flammability, skin reaction and student access to the product (i.e. ingestion) must be considered. Further, hands must be clean (free of debris) if hand rubs are to be effective for infection control. Alcohol-based hand rubs may also be used in emergency or field situations (such as excursions, camps or off-campus activities) where hand washing facilities are limited or not

available.

Footwear

Staff, students and others must wear footwear that is appropriate for the activity they are undertaking.

Wounds

Keep wounds covered (e.g. with a water-resistant dressing).

Personal Protective Equipment (PPE), Facilities and Materials

The use of personal protective equipment (PPE), facilities and materials is required to prevent or minimize the spread of infection, illness and disease. The following PPE, facilities and materials should be readily available in the workplace, particularly in food preparation, first aid, and special and physical education areas:

1. Hand-basins in or near toilet facilities, first aid and food preparation areas.
2. Disposable gloves and plastic aprons for all situations involving contact with blood and body fluids (Gloves should be powder-free latex or vinyl). Food handling type gloves do not provide adequate protection. Disposable gloves are for single-use only and are not to be re-used.
3. Waste handling equipment e.g. a pair of sturdy tongs for handling potentially infectious waste.
4. Leak-proof sealable plastic bags for disposal of potentially infectious waste.
5. Rigid-walled, puncture-resistant container such as a sharps container for disposing of "sharps" e.g. used needles or syringes (Sharps disposal kits containing a small sharps container, disposable gloves and band-aids, plastic

disposable tweezers, and an antiseptic cleaning tissue, may be purchased. Note that plastic tweezers are not recommended for handling used needles and syringes as these can cause the sharp to flick and cause injury).

6. Refuse disposal bins containing a sealable plastic lining.
7. If there is a risk of discarded needles and syringes; leather or puncture-resistant gloves should be provided to at-risk staff such as school cleaners, and Schools Officers (Facilities and Grounds).

Relevant PPE, facilities and materials should be used during the following:

1. Handling or preparing food (to avoid latex contamination of food, do not use latex gloves for food handling and preparation).
2. Administering or assisting with first aid or medication (First aid staff, facilities and equipment should be provided in accordance with the relevant departmental procedure for first aid.)
3. Assisting a student to change clothing soiled with blood or body fluids (including excreta such as urine and faeces), use the toilet to change sanitary pads and soiled clothing.
4. Assisting a student in feeding involving potential contact with saliva.
5. Administering medication into the gastrostomy tube feeding or rectal valium such as gastrostomy tube feeding or rectal valium.
6. Handling or disposal of potentially infectious waste such as when cleaning and disinfecting blood or body fluid spills.
7. Emptying or disposal of containers of potentially infectious waste such as rubbish or soiled dressings.
8. On playground duty, bus duty or similar work activity, it is recommended that staff carry a pair of disposable gloves in case they need to attend to an ill or

injured student.

9. If general waste is to be picked up it is recommended that gloves and waste collecting equipment (e.g. a pair of sturdy tongs) be used to protect against injury from concealed sharps and to prevent direct contact with soiled items such as used tissues.

Cleaning and Disinfection

Adequate cleaning and sanitizing in childcare settings will help prevent mode of spread. Proper cleaning reduces the number of germs or microorganisms available to cause illness or infection. In order for a disinfectant to work properly, a dirty surface should first be cleaned with a detergent and water solution, and then disinfected. Disinfectants will not work properly without first removing the gross contamination or soil.

S/No.	Item & Recommendations	Dilution Guide	Remarks
1	Communal toys Communal toys that are shared between 'children'	Disinfect at least daily or at the end of every session.	The used toys should be segregated in an empty basin that is out of the children's reach until disinfected and dried.
(a)	Any toy that is contaminated by saliva, stool, blood or body fluids.	Wash with soap and water and wipe with antiseptic wipes before being handled by other children.	Toys that are allowed: Washable toys, toys with hard surfaces that can be easily disinfected by wiping with antiseptic wipes. Diapered children should be given only washable toys.

(b)	All washable toys should be cleaned daily.		Individual toys belonging to the 'child' are to be cared for by his/ her own family. These toys are not shared with other 'children' and are to be kept with the patient. Toys that are brought from home should not be shared with other children.
(c)	Immersible toys are toys with no moving parts, no hollow spaces and a non-porous surface and they will not soak up water into closed cracks or spaces (e.g. stacking cups, Lego blocks).	Disinfect as follows: a) Immerse in warm soapy water, wash surfaces, rinse in clean water and dry. Disinfect by submerging in household bleach diluted 1part of bleach with 10 parts of water and air dry	

S/No.	Item & Recommendations	Dilution Guide	Remarks
		OR b) Wipe surface of toy thoroughly using alcohol impregnated wipe	
(d)	Non-immersible toys – toys with inside spaces, small openings or hinges (e.g. robots, cars) or are too large to be immersed (e.g. slides, castles).	Wipe surface of toy thoroughly using alcohol impregnanted wipe (e.g. mediwipe). Clean all the nooks and crannies.	
(e)	Uncleanable toys – toys that can soak up water and are damaged by immersion (e.g. games, soft books, puzzles, activity books, crayons, stuffed toys). Use is discouraged.	NA	Use is discouraged

(f)	Board games are allowed provided the parts can be easily disinfected. Cards / false money e.g. Monopoly etc should be laminated to allow for easy disinfection.		
(g)	Toys that are not allowed: Stuffed toys (unless disinfected by high temperature washing), toys that resemble food items (as children will be more inclined to place them in their mouths) or non-washable toys.	NA	Such items are prohibited
2	Utensils and milk bottles	Used milk bottles and teats are to be washed and sterilized, using the sterilizer, immediately after use.	Sterilization of utensils, teats and milk bottles
3	Soiled clothing	Soiled clothing should be placed into a separate pail which should not be used for any other purpose. The pail should be stored in a designated place. This pail should be disinfected after each use.	Clothing soiled with urine or stool is to be rinsed at the centre. It should be done in a pail designated or this purpose in the centre. The soiled clothing should be packed in plastic bags to minimize exposure

S/No.	Item & Recommendations	Dilution Guide	Remarks
			of staff and children to disease-carrying agents. Hands should be washed after handling soiled clothing.
4	Diaper-changing areas	Disinfect with a solution of household bleach diluted 1 part of bleach with 10 parts water.	Diaper-changing surfaces should be sanitized between uses. Alternatively, the diaper changing surface should be covered with disposable paper pads, which are discarded after each use. If the surface becomes wet or soiled, it should be

			cleaned and sanitized.
5	Potty chair – the use of potty chairs should be discouraged. However, if used, potty chairs should be emptied into the toilet, cleaned in a utility sink, and disinfected after each use.	Disinfect with a solution of household bleach diluted 1 part of bleach with 10 parts of water in a utility sink. After 2 minutes contact time with the bleach, rinse and dry.	
6	General Surfaces Floor, low shelves, doorknobs and other surfaces often touched by diapered children	Wash and disinfect daily with household bleach diluted 1 part of bleach with 10 parts of water.	The disinfecting cloth should not be washed in a sink used for washing hands. If it is, all surfaces of the sink should be properly cleaned and disinfected with diluted household bleach (1 part bleach with 10 parts water) after use.
7	Centre premise and toilets	Wash and disinfect daily with household bleach diluted 1 part of bleach with 10 parts water	Clean and disinfect 2 to 3 times throughout the day to provide a clean and safe environment.
8	Mattress covers	Warm water and detergent	Should be used only by a single child and should be cleaned and sanitized before being assigned to another child.
9	Bedding sheets and blankets	Warm water and detergent	Should be assigned to each child and cleaned and sanitized when soiled or wet.

S/No.	Item & Recommendations	Dilution Guide	Remarks

10 (a) (b)	Cleaning of Horizontal Surfaces Uncarpeted floors and other frequently touched horizontal surfaces (e.g. tables, door knobs) Carpeting	Clean regularly and if spills occur. Vacuum regularly & cleaned if spills occur and given a shampoo whenever a thorough cleaning is indicated.	
11	Toilet & bathroom facilities	Clean toilet twice daily and disinfect highly touched areas e.g. taps, door handles, toilet seat with their antiseptic solution after cleaning. Wipe down also high touched surfaces (e.g. table surfaces and shared toys) with antiseptic solution.	
	For surfaces in bathroom like faucet handles and toilet seats	Wash and disinfect with diluted household bleach (1 part of bleach with 10 parts of water) at least once a day.	
	Surfaces that infants and young toddlers are likely to touch	Wash daily and disinfected with diluted household bleach (same dilution).	
13	Cleaning Walls, Blinds and Curtains	Routine daily cleaning of walls, blinds and curtains are not recommended unless visibly soiled.	

Handling and Disposal of Infectious Waste

Appropriate handling and disposal of potentially infectious waste is very important in preventing or minimizing the spread of infection, illness and disease. When cleaning and disposing of potentially infectious waste such as blood or body fluids, or items containing these products, such as bloodstained items or soiled clothing, the following

steps should be taken:

- Wear disposable powder-free latex or vinyl gloves, and a plastic apron if necessary.
- For blood and body fluid spills, absorb the bulk of the spill with disposable materials such as paper towels. Special care should be taken if waste contains sharp materials such as broken glass. Sharp material should be picked up with sturdy tongs, and wrapped securely in several layers of newspaper or put into a puncture-resistant rigid-walled container such as a sharps container.
- Clean the spill with warm water and detergent.
- After cleaning, disinfect the area with a freshly prepared solution of 1:50 diluted 5% household bleach and leave to dry. For small spills (e.g. spots of blood) an alcohol wipe may be sufficient
- Wash cleaning equipment such as mops and buckets with warm water and detergent and store dry.
- Remove and dispose of gloves and other waste such as paper towels into a sealable plastic bag. Dispose of the sealed plastic bag in general waste. Wash hands thoroughly with soap, water and dry with paper towels. Refer to the pictorial Hand Washing Technique (Appendix A).
- If the spill is on the carpet, clean with a neutral detergent and arrange for the carpet to be cleaned with an industrial cleaner as soon as possible.
- Granular formulations that produce high chlorine concentrations can be used to contain the spill and prevent airborne contaminants. School cleaning supervisors may assist in recommending products that are available from chemical suppliers.
- If staff or students inadvertently find potentially infectious waste items, such as

used needles and syringes on school grounds, they should immediately inform relevant staff. Where possible, a responsible person should remain with the item while another retrieves appropriate handling and disposal equipment. No attempt should be made to recap, break or bend the needle as this is a common cause of injury.

- If a needle-stick or other injury involving exposure to blood or body fluids occurs during handling and disposal of potentially infectious waste, the person should be medically assessed as soon as possible.

Immunization and Schedule

Vaccines contain antigens or parts of antigens that cause diseases, but the antigens in vaccines are either killed or weakened. When they are injected into our bodies, the vaccine antigens cause the immune system to produce antibodies against them but do not produce the disease. This is known as immunity. Most infants and toddlers have received all the recommended vaccines by the age 2 years.

National Childhood Immunization Schedule

Age	**New Schedule (wef Jan 2008)**	**Immunization Agent**
At birth	BCG Hepatitis B – 1st dose	**BCG** Tuberculosis
1 month	Hepatitis B – 2nd dose	
3 months	DPT/DT – 1st dose Oral Sabin – 1st dose PCV – 1st dose	**DPT**

4 months	DPT/DT – 2nd dose Oral Sabin – 2nd dose	Diphtheria, Pertussis & Tetanus **DT** Diphtheria & Tetanus **MMR** Mumps, Measles & Rubella **Sabin** Poliomyelitis
5 months	DPT/DT – 3rd dose Oral Sabin – 3rd dose PCV – 2nd dose	
5-6 mths	Hepatitis B – 3rd dose **	
1-2 years	MMR – Primary dose (1st dose) PCV - booster	
18 mths	DPT/DT – 1st booster Oral Sabin – 1st booster	
6-7 years (Primary 1)	Oral Sabin – 2nd booster MMR – Booster (2nd dose)	
10-11 years (Primary 5)	DT-containing vaccine – 2nd booster ## Oral Sabin – 3rd booster	
11-12 years (Primary 6)		

PCV – pneumococcal conjugate vaccine

** *3rd dose of Hepatitis B vaccination can be given with the 3rd doseof DPT and Oral Sabin for the convenience of parents.*

Can use either:

- Diphtheria-tetanus vaccine; or
- Combined tetanus, reduced diphtheria and acellular pertussis vaccine

Note: Please refer to HPB's website for updates: http://www.nir.hpb.gov.sg

Infection Diseases

Chickenpox

Causative agent: Varicella zoster virus (VZV) is a herpes virus closely related to Herpes simplex virus.

Signs and symptoms

Chickenpox is the primary infection with VZV. It usually occurs in children less than 10 years of age, although it may occur in older children and adults. Incubation period is between 14-21 days.

Symptoms include an itchy rash that begins as maculopapular lesions and rapidly progress to vesicles, pustules and crust. The more severe the infection, the greater the number of skin lesions. Fever associated with chickenpox can last 5 days. Complications include bacterial superinfection of the skin lesions, varicella pneumonia and encephalitis (brain infection).

Zoster is a secondary infection with VZV. It occurs only in persons who have a previous varicella infection.

Mode of spread

The major sources of VZV are the respiratory tract and moist skin lesions. Individuals who have not previously been infected with VZV are at the risk to develop varicella following exposure to someone with either varicella or zoster.

The VZV is spread by the airborne route and person-to-person contact. The disease is transmissible 1 to 2 days prior to the development of rash and remains so until the skin lesions have crusted (within 5 to 7 days). The diagnosis of varicella can be made on clinical grounds.

Immunity to VZV can be confirmed by blood tests showing the presence of VZV Ig G antibody.

Treatment

Oral acyclovir should be started within 24 hours after onset of rash. Acyclovir shortens the duration of illness by about one day. The adult dose is 800mg five times a day for 5 days. Oral acyclovir is not recommended for routine use in otherwise healthy children.

Prevention

A live attenuated varicella vaccine is licensed for use in children over the age of 12 months and adults who are susceptible to chickenpox (2 doses, 4 to 8 weeks apart). Varicella vaccine can provide protection to non-immune staff who are exposed to chickenpox, if given within 3 days of exposure.

However, women who are pregnant and those with severely weakened immune systems should not receive varicella vaccine. If non-immune staff who are pregnant or immunocompromised are inadvertently exposed to varicella, they can still receive post-exposure immunoglobulin (VZIG) if given within 3-4 days of exposure.

Children with acute natural chickenpox should not attend day care or preschool until all the lesions have crusted.

Hand, Foot and Mouth Disease (HFMD)

HFMD is a viral infection caused by a group of enteroviruses and is most commonly caused by the Coxsackie virus.

Signs and symptoms

- Fever
- Sore throat
- Rash (flat or raised spots) or small blisters on palms of hands, soles of feet, or buttocks.

- Mouth ulcers on the inside of the mouth or sides of the tongue
- Poor appetite
- Lethargy

Mode of spread

It is easily spread from one person to another by droplet, saliva as well as by coming in contact with fluid from inside the blisters. It can also be in faeces for up to several weeks after being infected

Incubation period

The incubation period of HFMD is 3 to 5 days. Symptoms usually start 3 to 7 days after catching the infection. Symptoms can last between 7 to 10 days.

Infectious period

A child infected with HFMD is contagious throughout the duration of the illness. They cease to be contagious when their illness resolves.

Prevention

All centers must maintain high standards of personal and environmental hygiene to minimize the risk of HFMD transmission.

1. The overall health of the children should be checked daily upon arrival at the childcare centre. Children with any unusual symptoms or behavior should be removed from the child care centre for further assessment. This is an important measure in preventing the mode of spread of infectious diseases to other children.

2. Children with HFMD should stay at home, away from school, child care, playgroup, kindergarten and crowded public places until the fluid in the blisters has dried. During this period, contact with other children should be avoided until the child recovers.

3. Both staff and children must wash their hands frequent enough to maintain their hands in a clean state.

Hand washing

Staff and children should follow the following recommended hand washing procedures to reduce the risk of disease mode of spread in the centers.

- Use liquid soap and running water;
- Run hands vigorously as they are washed for at least 10 seconds;
- Wash all surfaces, including back of hands, wrists, between fingers and under fingernails;
- Rinse hands well after washing;
- Dry hands with single-use towel

Staff should wash their hands:

- When they come to the centre in the morning;
- Before they prepare or serve food;
- After they change diapers, clean up or wipe the nose of a child;
- After contact with blood or body fluids such as fluids from the nose, mouth and chest as well as from inside the blisters ;
- After they have been to the toilet, either with a child or by themselves;
- After handling pets, pet cages, or other pet objects;

- After outdoor activities (e.g. playing with children in the playground);
- Before giving or applying medication or ointment to a child or self;
- Before going home

Children should wash their hands:

- When they arrive at the centre;
- Before they eat or drink;
- After they use the toilet;
- After they come into contact with a child who may be sick;
- After having their diapers changed;
- After playing on the playground;
- After handling pets, pet cages, or other pet objects;
- Before going home

4. Do not share food, utensils, drinking cups, toothbrushes or towels with other children.

5. Proper disinfection of articles such as toys, eating utensils and towels contaminated by droplet, saliva, vesicular fluid or faeces of infected cases

6. Communal Toys

- Toys or appliances that are contaminated by nasal or oral secretions should be cleaned before they are used again.

- Only washable toys should be used with diapered children. Separate toys should be provided for each child group so that no sharing should occur between groups. This will limit the exposure of the infectious agents to only a single group during disease outbreaks.

- Hard surfaced toys should be washed and disinfect with household bleach regularly.

- Stuffed toys should be discouraged, i.e. toys that cannot be sanitized should not be allowed.

- A toy that is mouthed by a child should be washed and disinfected before other children handle it.

Measles

Causative agent: measles virus.

Signs and symptoms

The onset of measles is marked by fever followed by the "three C's" – coryza, conjunctivitis and cough. These signs will peak at about 3 to 4 days around the time the rash appears. The rash starts on the face and progresses to the feet over 3 days changing from a discrete to a confluent rash. Once the rash appears, the fever and respiratory signs tend to improve. The rash fades over the next few days to leave a brown stain with generalised peeling of the skin. The course of measles generally resolves over a 10-day period. Incubation period is 10-12 days.

Mode of spread

Measles is spread by contact with secretions of infected persons by large-particle droplets requiring close contact or small-particle aerosols which allow distant mode of spread. Direct contact may also occur via contact with contaminated surface or objects. Measles is considered contagious from onset of symptoms through the first day of rash.

Diagnosis *is often made clinically. Confirmation may be made by rapid antigen tests or measles IgM antibody.*

Treatment

Measles is a self-limiting disease and treatment is mainly supportive. Antibiotics should be given only for proven bacterial complications such as otitis media. Complications can include pneumonia and encephalitis (brain infection).

Prevention

Measles vaccine: 2 doses of measles vaccination required. 1st dose at 12-15 months and 2nd dose at age either 6 or 7 years.

A child with known measles should be excluded from child care or preschool until 5 days after onset of rash. Unvaccinated children who are 6 months of age older should receive the live measles vaccine. If the vaccine is given within 72 hours of exposure, it may give protection against infection.

Influenza

Influenza (flu) is an infection caused by a virus called the influenza virus.

Signs and symptoms

Fever often with chills or rigors, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Nausea, vomiting, and diarrhea also can occur, but are much more common in children than adults. In some children, influenza can appear as an upper respiratory tract infection or as a febrile illness with few respiratory tract signs. In infants, influenza can produce a sepsis-like picture and occasionally can

cause croup, bronchiolitis or pneumonia.

Mode of spread

Influenza is spread from person to person mainly by droplets through coughing and sneezing of infected persons. It can also be spread by direct contact with influenza virus-contaminated surfaces eg. someone touching something with flu viruses on it and then touching their mouth or nose.

Incubation period

The incubation period for influenza is 1-4 days, with an average of 2 days.

Infectious period

People with influenza can potentially infect others during the 24 hours before symptoms develop and up to 5 days after becoming sick. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick. Viral shedding in nasal secretions usually peaks during the first 3

days of illness and ceases within 7 days but can be prolonged in young children and immunodeficient patients.

Prevention

Recommend influenza vaccination for children and care providers in child care settings as this is the best method for preventing flu and its potentially severe complications in children.

1. **<u>Encourage care providers and children</u>**
    - To use soap and water to wash hands when hands are visibly soiled, or an alcohol-based hand cleaner when soap and water are not available and

hands are not visibly soiled.

- Advise children and care providers to cover their noses and mouths with a tissue when sneezing or coughing, and to put their used tissue in a waste basket.
- Make sure that tissues are available in all nurseries, child care rooms, and common areas such as reading rooms, classrooms, and rooms where meals are provided.

2. <u>Hand hygiene to prevent the spread of germs</u>

(a) Care providers to wash their hands

- When the hands become soiled especially after they have sneezed or coughed on their hands.
- between contacts with infants and children;
- before meals or feedings;
- after wiping the child's nose or mouth;
- after touching surfaces soiled with saliva or nose drainage;
- after diaper changes;
- after assisting a child with toileting

(b) Children are to wash hands when their hands have become soiled. Teach children to wash hands for 15-20 seconds (long enough for children to sing the "Happy Birthday" song twice). When using the alcohol-based hand cleaner:

- Rub hands thoroughly until the alcohol has dried, when using alcohol-based hand cleaner.
- Keep alcohol-based hand cleaner out of the reach of children to prevent

unsupervised use.

- Ensure that sink locations and restrooms are stocked with soap, paper towels or working hand dryers.

3. Ensure that each child care room and diaper changing area is supplied with alcohol-based hand cleaner when sinks for washing hands are not readily accessible.
4. Keep the child care environment clean and make sure that supplies are available.
5. Clean frequently touched surfaces, toys, and commonly shared items at least daily and when visibly soiled.
6. Observe all children for symptoms of respiratory illness
   - Observe closely all infants and children for symptoms of respiratory illness. *Notify the parent if a child develops a fever of 37.8˚C or chills, cough, sore throat, headache, or muscle aches.*
   - Encourage parents of sick children to keep the children at home and away from the child care setting until the children have been without fever for 24 hours, to prevent spreading illness to others. Similarly, encourage sick care providers to stay home.

Rubella (German measles)

Signs and symptoms

Clinical manifestations can be in apparent and hence unrecognized. It is generally a mild disease, characterized by slight fever, rash and enlarged lymph nodes (commonly in the neck region). The rash first appears on the face and then spreads downward and

peripherally. The usual duration is 2-5 days. The illness is often more severe in adolescents and adults, with joint pain and arthritis being common.

Mode of spread

Rubella is transmitted by respiratory droplets or direct contact with an infected patient.

Diagnosis

Detection of rubella-specific immunoglobulin M antibody usually indicates recent rubella infection. Rubella virus can also be isolated from the nose and throat. A confirmed or suspected case should be notified to MOH immediately.

Treatment

No specific treatment is currently available.

Infectious period

The period of communicability occurs from up to 5 days before rash onset until 5 to 7 days after onset of rash. Incubation is from 14 to 21 days.

Prevention

1. Rubella vaccine is recommended to be administered together with measles and mumps vaccine (MMR) when a child is 12 to 15 months of age, with a second dose at 6 to 7 years.

2. Children with rubella should be excluded from child care or preschool for 7 days after rash onset.

3. The first step is to verify that other children in the centre have already been immunized against rubella. The immunized children may continue to attend the centre.

Vaccination is recommended to protect against subsequent exposures if the child is not already incubating mild rubella infection. Rubella vaccine is not known to prevent illness when given post-exposure.

4. All staff members should provide a documented history of immunization or serologic evidence of immunity at the time of employment.

5. Pregnant non-immune women who are exposed to rubella should see their obstetrician for counselling regarding the risk of rubella to the foetus.

Tuberculosis (TB)

Causative agent: *Mycobacterium tuberculosis*

Signs and symptoms

TB disease can occur in many parts of the body; namely categorised as pulmonary (lung) TB and extrapulmonary (outside the lungs) TB. Extrapulmonary TB is less common, but children and persons with compromised immune systems are more susceptible to it.

The following features raise the suspicion of TB disease (i.e. active TB):

- Cough lasting 3 weeks or longer
- Coughing out blood
- Feeling tired all the time
- Fever and night sweats
- Loss of weight
- Chest pain

Mode of spread

TB is spread by breathing in droplets containing the TB bacteria which are expelled

when patients with active pulmonary TB cough or sneeze, and spray these droplets into the air. Persons in close, prolonged proximity may become infected when they inhale these TB bacteria.

Not everybody who gets infected with the TB bacteria develops the disease. The body's immune system 'walls off' the TB bacteria, which can lie dormant in the body for years. This is called latent TB infection. Persons with latent TB infection are well and healthy, and do not spread the germ to others. 90% of those with untreated latent TB infection will never develop active TB. TB disease develops in about 10% of those infected. Half of these will develop disease within the first 2 years of infection.

The risk of latent TB infection developing into active TB disease is however higher in:

- Persons with weakened immune systems due to underlying medical conditions such as HIV infection, certain malignancies, kidney failure and diabetes, or being on immunosuppressive drugs
- Children under the age of 5 years old
- Persons who have poor nutritional status

Treatment

TB disease can be completely cured through medication. Treatment usually involves a combination of several different drugs (i.e. rifampicin, isonaizid, pyrazinamide, streptomycin). Because TB bacteria die very slowly, these anti-TB drugs must be taken for at least 6 to 9 months. One is considered non-infectious after the initial 2 weeks of treatment.

Most people with TB need not be hospitalized, but they will need to undergo Directly Observed Therapy (DOT) which requires them to take their TB medication under the

supervision at the polyclinics. The World Health Organization has advocated DOT as the standard of care for TB patients. This is to ensure that the patient takes his or her medications correctly, and successfully completes the course of treatment. One must continue to take the medicine until the doctor certifies that treatment has been completed.

Irregular or incomplete TB treatment could mean that the TB bacteria in the body that survive continue to grow and multiply. But this time, the bacteria may develop resistance to the usual TB drugs. In such situations, a different set of stronger drugs (with more side effects) must be taken for a longer period (approximately 18 months). The chance of cure is also considerably reduced and the drug-resistant TB germ may also be transmitted to the patient's close contacts.

Prevention

TB is a preventable disease. BCG vaccination at birth helps to reduce infants' and young children's risk to miliary TB and meningitis TB. However, it is less effective against the most common form of TB infection – pulmonary TB. Certain categories of persons (e.g. recent close contacts) with latent TB may benefit from treatment to reduce their lifetime risk of developing active TB disease.

There are also measures one can take to help protect oneself and others:

- Complete the full course of the TB medications.

  TB bacteria have a chance to become resistant to most TB drugs if the full course of TB treatment is not properly adhered to. The mutant TB strains become more deadly and difficult to treat.

- Lead a healthy lifestyle.

Keep your immune system healthy by adopting healthy eating habits,

exercising regularly and having enough sleep

If one has active TB, he or she can help keep his or her family and friends from getting sick by:

- Staying at home all the time especially in the first two to three weeks of treatment.
- Covering your mouth with a tissue when you cough or sneeze and wear a mask in the presence of other people during the first few weeks of treatment.
- Disposing properly the dirty tissue by sealing it in a bag and throwing it away.

Food Handling

Children are particularly vulnerable to the effects of food poisoning, so it is essential to protect them from this hazard by taking care when preparing their food. Strengthening food safety measures in schools would better protect students and school staff from outbreaks of food-borne illness.

Frequent hand washing is the single most effective means of preventing the spread of bacteria and viruses that can cause food-borne illness. Staff who changes diaper for children or assist in toileting children are frequently exposed to faeces and to children with infections of the intestines (often with diarrhoea). Staffs who prepare food in the kitchen should not change diapers or assist in toileting children.

FOOD PREPARATION AND CONSUMPTION

1. If food is to be prepared in the childcare centre/kindergarten/pre-school, the food handlers should undergo a Basic Food Hygiene course conducted by the National Environment Agency. (Please contact the National Environment Agency at 1800-225 5632 for any enquiries)

2. If food is catered, operators of childcare centres/kindergartens/pre-schools/ student care centres should ensure that the catered food is from a source licensed by the National Environment Agency.
3. Staff and parents are discouraged from bringing home-cooked food for the children as prolonged storage of food could increase the risk of food poisoning.
4. All food that requires preparation prior to being cooked and sold must be prepared under hygienic conditions at all times and persons handling food must observe good hygiene practices at all times.
5. Food handlers should wear clean, tidy clothes and an apron, if possible, when handling food.
6. Food handlers with sores or cuts on their hands should cover them with waterproof plasters and wear disposable waterproof gloves when handling food.
7. Food handlers should thoroughly wash their hands before handling food; after using the toilet; after coughing, sneezing, using a handkerchief or disposable tissue; after handling raw meats or unwashed product; and/or after engaging in any activity that may contaminate the hands.
8. Food should be kept properly covered to prevent contamination. If storing is required for longer periods, cooked food should be kept at below 10℃ or above 60℃ to prevent harmful bacteria from multiplying.
9. Bare hands should not be used to handle cooked food and other food, like salad and ice, which do not require further cooking. These food items should be handled with suitable utensils such as deli paper, waxed paper, tongs, forks, spatulas, spoons or single-use gloves.

10. Every child should have individual eating and drinking utensils. Children should not share or be fed from the same eating utensils.
11. Cracked or chipped eating and drinking utensils should not be used for serving food as they may harbour bacteria as well as pose risk of cut injuries to children.
12. Rubbish bins should be properly covered and emptied daily.
13. Staff with diarrhoea, fever or any other symptoms of food-borne diseases should not be allowed to work and handle food or feed the children.
14. Staffs who prepare food in the kitchen should not change diapers or assist in toileting children.
15. Utensils and food-handling equipment should be stored at least 30 cm off the floor/ground and in a manner that protects from dust, wind, rain, spillage, drainage and other sources of contamination. Food should be protected from contamination by storing them in a clean, dry location where it is not exposed to splash, dust, or other contamination and is at least 30 cm above the ground.

Body Contact Sport

Body Contact Sport is any sport in which the impact of one person against another is an inherent part of the sport. Contact sports include boxing, soccer, rugby, martial arts and hockey. Contact sports carry a high risk of injury.

Accidents where bleeding occurs

1. If skin is penetrated or broken, the immediate first aid is to clean the wound with soap and water. If water is not available, a 70% alcohol hand rub can be used. Remove the bulk of blood with absorbent material e.g. paper towels and dispose in a sealed plastic bag. Wipe the site with disposable towels soaked in 1:10 solution of bleach.

2. If clothes are blood stained, they should be changed for the clean clothes once the wound has been treated. They should be handled with gloves. Routine laundry procedures using hot water and detergents are adequate for decontamination of laundry items. Rubber gloves should be worn when handling or washing soiled linens.

General Hygiene for players

1. No sharing of towels and drink containers.
2. Report all cuts and abrasions to the teacher/coach for immediate treatment.
3. Maintain strict personal hygiene at all times, in activities on and off the field.

   This is the best method of controlling the spread of diseases.
4. It is strongly recommended that all players involved be vaccinated against Hepatitis B.

Exposure to blood or body fluids

Body fluids include all secretions and excretions of the body. This includes blood, saliva, sputum, feces, urine, vomitus, open lesions, non-intact (broken) skin and secretions from wounds

Exposure to blood and body fluids poses a potential risk for mode of spread of infection to those providing care. The safe and effective management of blood and body fluids are necessary to prevent mode of spread of infection via this route.

Routes of mode of spread from blood or body fluids

1. Faecal-oral

Viruses, bacteria and parasites that are present in the faeces of the student who have an infectious disease may be passed directly form soiled hands to others either directly to the mouth or indirectly via objects, surfaces or food. The sites most commonly contaminated with faeces are hands, floors, tab handles, toilet areas (e.g. flush

handles/buttons) handrails, door handles and tabletops. Examples of infectious diseases transmitted via the faecal-oral route are bacterial and viral gastroenteritis, Salmonellosis and Shigellosis. Contact Precautions are to be applied to prevent this transmission.

2. Urine

Urine can contain infectious organisms. Hands, objects or surfaces that have been soiled by urine from an infected child can enable the spread of infection, such as cytomegalovirus (CMV). Contact Precautions will prevent this transmission.

3. Vomitus

Hands, objects or surfaces that have been soiled by vomitus from an infected child can enable the spread of infection, such as gastrointestinal virus. Contact Precautions will prevent this mode of spread.

4. Blood

Some diseases, such as AIDS, Hepatitis B and Hepatitis C can spread through blood or blood products. Mode of spread can occur when infected blood enters another person through broken skin or needle-stick or sharp injuries.

Blood and body fluids often contain microorganisms that can cause illness. In order for an illness or infectious disease to occur, the microorganism must be transmitted from the reservoir (blood or body fluid) to a susceptible host. The use of barrier methods such as gloves, as well as good hand washing practices, helps to prevent the mode of spread of a pathogen into a susceptible host and minimizes the chance that disease or infection will occur.

Management of Exposure to Urine, Vomitus and Faeces

1. Wear disposable gloves and apron
2. Bring the child to the designated area to change clothing soiled with body fluids

3. Ensure that diapers changing area are designated for that use only and that they are not near the playing or kitchen area.
4. Diapering procedures to include folding the soiled diaper surface inward. The potentially contaminated diaper should be wrapped in a plastic bag, tied securely before being discarded into a plastic-lined foot-operated lid bin.
5. Potentially contaminated items (e.g., tissues, paper towels, diapers) should be handled with disposable gloves
6. Remove gloves / apron and discard and put into a plastic bag, and tie securely before discarding into a plastic-lined foot-operated lid bin.
7. Hand hygiene should be performed.
8. The child's hands should be washed.
9. Clean the area with a neutral detergent and disinfect the changing surface.

Management of Exposure to Blood

1. Staff to wear gloves /disposable apron.
2. Administer first aid (first aid staff, facilities and equipment should be provided in accordance with the school procedure for first aid)
3. Assist student to change clothing soiled with blood.
4. Staff to remove glove and apron and dispose into a plastic-lined, hands-free covered bin. Performed hand washing.

Cleaning a Blood or Body Fluid Spill

When cleaning environmental surfaces that are visibly soiled with feces or vomitus, masks and gloves should be worn, a disposable towel soaked in dilute detergent should be used to wipe the surface for ≥10 seconds, and a 1:10 household bleach solution should then be applied for ≥1 minute. Disposable towels used to clean visibly soiled surfaces

should be discarded appropriately after use because they can transfer virus to fingers and other surfaces

For spills containing large amounts of blood or other body substances, workers should first remove visible organic matter with absorbent material (e.g. disposable paper towels discarded into leak-proof, properly labelled containment) and then clean and decontaminate the area.

Infectious disease outbreak

Infectious diseases are common among nursery, pre-school or school children and these settings often present as an ideal situation for diseases to spread. Ensuring that infectious and ill children do not attend school is an important aspect of infection control.

Schools tend to be affected by outbreaks more than other settings because their occupants - primarily children - easily transmit illnesses to one another as a result of their close proximity and difficulty in ensuring their compliance with good personal hygiene practices and respiratory etiquette.

An infectious disease outbreak can be defined as "two or more linked cases of the same illness or when the number of cases of the same illness unaccountably exceeds the expected number."

1. There are several ways in which nurseries, pre-schools and schools may become aware that they have an outbreak of an infectious disease.

a. Several children may be ill in nursery, pre-school or school with the same illness;

b. There may be a sudden increase in the number of absentees;

c. Parents may report to the nursery, pre-school or school that their children are suffering from an infectious disease;

d. The Ministry of Health staff may contact the teacher-in-charge / principal

2. Outbreaks of infectious disease may occur in nurseries, pre-schools and schools.

Their importance depends on several factors: -

a. severity of the disease
b. number of children affected

c. mode of mode of spread

d. amount of anxiety they generate in parents and staff

e. if any specific action is necessary to stop further cases (e.g. immunisation, improving food-handling practices).

Prevention

Prevention may be considered in three areas, aiming at:

a. the outbreak source

b. contaminated vehicles of infection mode of spread

c. susceptible human

Choice of control measure within these three areas is dictated by factors such as whether the outbreak source is known, whether a suspected vehicle has been identified, and whether a vaccine or prophylactic treatment is available for susceptible humans.

Infectious disease prevention includes:

1. **Requiring certain immunizations**

Parents should be encouraged to ensure that their child receives all appropriate routine vaccinations when they are due, unless there are true medical reasons why they should

not immunized. Nurseries, pre-schools and schools should keep an updated children's immunization record. Some infections, however, cannot be prevented by immunization and limiting their spread in the community is dependent on a combination of isolating the infectious source as well as improving personal hygiene practices, where appropriate.

2. <u>Identifying children who have communicable diseases</u>

If the officer-in-charge / head teacher suspects that there may be an outbreak, he or she should report the situation to Ministry of Health. It is helpful for the initial assessment of the situation if the officer-in-charge / head teacher / can find out:

a. What are the symptoms?
b. When did each child fall ill i.e. when did symptoms first start?
c. Where did the child get the infection i.e. at home or at school?
d. How many children are ill?
e. Which group of children i.e. are the children from the same class?
f. What type of food did the children eat i.e. they have taken same type of food? (for situations when the children develop food poisoning symptoms such as diarrhea and/or vomiting)

Prevention of spread

1. If a child is suffering from any of the infectious disease, the child should be immediately isolated by placing him/ her temporarily at the sick-bay (for childcare centers), or principal's office (for kindergartens). The child should wear a surgical mask if he has signs or symptoms of upper respiratory tract infections. His/her parents should be informed to bring him/her for medical treatment and isolated at home/hospital.

2. It is the responsibility of the supervisor/ principal of the child care centre/ kindergarten/ pre-school centre/ student care centre to ensure that if any staff or child or person engaged in food preparation or rendering services to the centre / kindergarten is suffering from an infectious disease, he/she should be excluded from the centre/ kindergarten/ pre-school centre until well and displaying no symptoms.
3. Devise a communications system to inform parents of outbreaks, risks and precautions, as well as actions taken by the school and resources for additional information. Communication with parents, staff, families, students and the media is important, and each group may require different, yet consistent, messages. It is imperative that schools maintain up-to-date emergency contact numbers for all pupils, not only so that parents can be contacted if children are ill and need to be taken home, but also to assist in the investigation of any outbreaks.
4. Disseminate messages about preventive hygiene - including effective hand washing and the importance of covering the mouth during coughs and sneezes - by using posters and educational talks to outline recommended procedures for staff and students.
5. Social distancing refers to procedures to decrease the frequency of contact among people to lessen the risk of spreading an infectious disease. Depending on the type and severity of the infectious disease, closing schools may not be enough to slow the spread. Students can re-congregated in malls, private homes, movie theatres, restaurants or other places in the community, increasing the risk of the spread of the disease. For this reason it is recommended that, when closing schools, public health partners encourage social distancing for students and issue guidelines for social distancing. These procedures or guidelines, which may be distributed through the

school networks, will play an integral role in limiting the mode of spread of the disease and delaying the spread of the virus.

6. Childcare facilities should clean and sanitize frequently-touched surfaces (e.g. desks, doorknobs, computer keyboards, toys) routinely and if they become visibly soiled.
7. Conduct training for teachers, administrative staff and food service staff about infectious diseases, their symptoms and treatments, and how to prevent and control outbreaks

Surveillance

1. Establish processes and procedures (a "surveillance system") so individual schools can continually report the absentee rates for staff and students.

2. The overall health of the children should be checked daily upon arrival, noting any unusual symptoms or behaviour. A child who has contracted an infectious disease usually shows general signs of illness before development of a rash or other typical symptoms. Thus the child may complain of shivering attacks or feeling cold, headache, vomiting, sore throat or just vaguely feeling unwell.
3. The supervisor should ensure that the screening of children for illness includes promoting good standards of personal hygiene, keeping ill children out of school until they are fully recovered and undertaking daily surveillance i.e. identifying and investigating any new cases on a daily basis.

4. Early recognition of disease outbreaks is necessary to implement effective control methods. Clusters of illness (such as two or more people ill with similar symptoms closely grouped in terms of time and place) should be reported.

Notification

If an outbreak of two or more cases of infectious diseases occurs, the Ministry of Health is to be immediately notified under the Infectious Diseases Act (Cap 137).

Please refer to the MOH websitefor instructions on notification (http://www.moh.gov.sg/).

What to do when a student has symptoms of an infectious disease

a. Inform the designated staff.
b. Inform the student's parents/guardians.
c. Separate the student from the other students.
d. Take the student's temperature.
e. If a student is coughing or sneezing, remind her/him to cover her/his mouth and to wash her/his hands afterwards.
f. After touching a student who might be sick, the teacher should avoid touching other students until he or she has washed hands.

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Appendix A

Hand hygiene

Rub hands palm to palm

Right palm over left dorsum with interlaced fingers and vice versa

Palm to palm with fingers interlaced

Back of fingers to opposing palms with fingers interlocked

Rotational rubbing of right thumb clasped in left palm and vice versa

Rotational rubbing, backwards and forwards with clasped fingers of left hand in right palm and vice versa

Wrap left hand over right wrist using rotational movements up to elbow and vice versa

Use paper towel to turn off faucet

Source: Infection Control, SGH, used with permission

Appendix B

Putting on and removal of a surgical mask

Tie the upper strings at the top of the head

Tie the lower strings at the back of the neck

Fix the metallic strip securely over the bridge of the nose

Ensure that the mask fully cover the nose, mouth and is stretched gently over the chin and fit snugly over the face

Change mask every 4 hrs or if it becomes moist or damaged

Source: Infection Control, SGH, used with permission

Appendix C

Recommended exclusion periods

Infection or condition	Mode of mode of spread	Criteria for exclusion	Return	Comments
AIDS or HIV	Blood or body fluid	Nil		Children with certain behaviour)e.g. biting, frequent scratching, dermatitis or bleeding problems) should be assessed on an individual basis
Chickenpox (Varicella)	Airborne and contact with vesicle fluid	Clinical diagnosis, laboratory diagnosis or significant rise in blood antibody titre	When lesions have crusted (usually around 5 days)	
Conjunctivitis	Contact with eye drainage	Red/pink mucous membrane of eye with white/yellow discharge, without evidence of allergic reaction	When asymptomatic	
Diarrhoea	Oro-faecal	When diarrhoea is present	When asymptomatic	
Fifth disease (Parvovirus B-19)	Droplet, blood	When a "slapped cheek" appearance and fever are present	When fever is no longer present	
Hand foot mouth disease	Contact	Clinical diagnosis	When fever is no longer present and clinical improvement of lesions is evident	Surveillance of children for similar symptoms

Infection or condition	Mode of mode of spread	Criteria for exclusion	Return	Comments
Hepatitis B	Blood or body fluid	Laboratory diagnosis during acute stage of illness	When acute illness has resolved	Children with behavioural problems that may increase risk of disease mode of spread should be assessed on an individual basis
Hepatitis C	Blood or body fluid	Laboratory diagnosis during acute stage of illness	When acute illness has resolved	Children with behavioural problems that may increase risk of disease mode of spread should be assessed on an individual basis
Impetigo	Contact with discharges from infected lesions	Clinical diagnosis of disease or laboratory isolation of *Staphylococcus* or *Streptococcus* from a skin lesion	24 hours after initiation of antimicrobial treatment	Surveillance of children for similar symptoms
Influenza	Droplet and contact with respiratory secretions	Clinical diagnosis or laboratory confirmation of disease	When fever is no longer present	Surveillance of children for similar symptoms
Lice (head or body)	Contact with person or clothing or other items infested with lice	Identification of nymphs or adult lice on hair or body	Head lice: after 1st treatment with effective peduculicide Body lice: After changing and washing infested clothing	Examine contacts and treat if infected. Machine wash clothing, bedding or cloth toys in hot water cycle. Dry cleaning is effective in killing lice

Infection or condition	Mode of mode of spread	Criteria for exclusion	Return	Comments
				or nymphs.
Measles	Contact with respiratory secretions	Clinical diagnosis or laboratory confirmation by IgM testing or virus isolation	5 days after onset of rash or negative laboratory test	Verify immune status of children and staff exposed to patient. Those not immune should be vaccinated within 72 hours of exposure.
Mumps	Contact with respiratory secretions	Clinical diagnosis or laboratory confirmation by IgM testing or virus isolation	10 days after onset of parotid gland swelling	Verify immune status of children and staff exposed to patient. Those not immune should be vaccinated with MMR.
Scabies	Contact with infested person or materials contaminated with mites	Clinical diagnosis of disease	After completion of treatment	Surveillance of children for similar symptoms. Prophylactic treatment for persons who had skin to skin contact with confirmed cases. Machine wash clothing, bedding or cloth toys in hot water and dry in hot dryer.
Streptococcus pyogenes (strep throat)	Contact with respiratory secretions	Laboratory isolation of organism	24 hours after initiation of appropriate antimicrobial treatment	Surveillance of children for similar symptoms. Exclude those with

Infection or condition	Mode of mode of spread	Criteria for exclusion	Return	Comments
				similar symptoms until asymptomatic or laboratory testing is negative.
TB	Airborne	Laboratory confirmation of TB from clinical specimens or suspected TB based on symptoms	When attending doctor determines that person is no longer infectious	

SCHOOL CLINIC POLICY- 2024-2026

SCHOOL CLINIC POLICY- 2024-2026

SUMMARY

This policy should be read in conjunction with the following policies:

- Discipline and Behavior Policy
- Transition Policy
- Health and Safety Policy
- Whole School Curriculum Policy
- Cyber Safety Policy

In JSS Private School we value each child as a unique individual. We will always continue to strive to meet the needs of all our children and seek to ensure that we meet all statutory requirements related to matters of bullying.

Agreed at the governing body meeting on

Date……..

CEO……..S/d…….

Principal……S/d…….

Vice principal …….S/d……

Approved by the Governing Body : ------S/d----------

Chair of Governors

Review of policy

The School Clinic policy is monitored by SLT and reviewed on a annual basis

Policy Details	
Version Date	June 2024
Last review	June 2024
Next review	June 2026
Responsible SLT	Vice Principal