



## PROTOCOL TO BE FOLLOWED AFTER NEEDLE STICK INJURY OR BLOOD/BODY FLUID EXPOSURE

### 1. First Aid

- a. Contaminated Skin- wash the area with soap and water .*Do not pinch or squeeze* blood out of the wound or douse the injured area in bleach
- b. Contaminated Eyes - Gently rinse the eyes while open with Saline or water.
- c. Contaminated Mouth- Spit out any fluid- rinse the mouth and spit out again.

### 2. Report and Document

The exposure so that appropriate investigations and treatment are initiated.

### 3. Immediate Action: Assess risk of transmission of infection to the exposed person and initiate treatment according to risk.

If the patient is known to be HIV positive, high risk or “unknown” then the exposed Health Care Worker should be given counseling and offered Post Exposure Prophylaxis (PEP).

PEP drugs if required should be given within 1-2 hours and up to 72 hours following exposure. The earlier PEP is commenced, the more effective it may be. Refer to an infectious diseases consultant if the exposure is high risk.

### 4. Further Action:

If status of Patient and Health Care Worker is unknown and immune status can't be Obtained within 48 hours then give:

- Hepatitis B. Immune Globulin
- Hepatitis B. Vaccine (first dose)

If Health Care Worker is HBV immune then no further Hep B Vaccine required. Check Hep B antibody titer of Health Care Worker, if low gives Hep B booster.

If the H.C.W. is not HBV immune or HBV susceptible, then treat with hyper immune Hep

### 5. Follow Up:

- a. Complete the course of hepatitis B vaccine.
- b. Follow up HIV serology 6 weeks and 3 months.
- c. Complete Work cover/Adverse Outcome report and medical records.

Approved By:

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Dr. Raazia Tahir  
School Physician

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Ms. Tiffany Brooks  
Principal

Prepared by: Juliet Madrid



## **POLICY ON MEDICATION MANAGEMENT**

- No medication (including headache tablets) will be administered to children without written permission or telephone consent of parents or guardians using the Standing order of medication that can be administered to school children (authorized by DHA). Or clearance for any allergic reaction was carried out.
- All medications are held in a locked cupboard in the first aid room. The exception is epi pens which is available for ready access in the event of any urgent situations.
- Non-prescribed oral medications (e.g. : head-ache tablets) will not be administered by school staff unless there is a prior written arrangement or phone permission by the parent.
- All parent requests for the administering of prescribed medications to their child must be in writing on the form provided and must be supported by specific written instruction from the medical practitioner or pharmacist's including the name of the student, dosage and time to be administered (original medications bottle or container should provide this information).
- All verbal requests for children to be administered prescribed medications whilst at school must be directed to administration, who in turn, will seek a meeting or discussion with parents to confirm details of the request and to outline school staff responsibilities with the staff member responsible for sick bay.
- Requests for prescribed medications to be administered by the school 'as needed' will cause administration to seek further written clarification from the parents.
- All student medications must be in the original containers, must be labeled, must have the quantity of tablets confirmed and documented, and must be stored in either the locked office first aid cabinet or office refrigerator, whichever is most appropriate.
- Consistent with our Asthma policy, students who provide the School Physician with parent permission supported by written medical report from authorize healthcare facility may carry an asthma inhaler with them. Medical report shall then be attached to School Health File, and names will be added on Chronic Disease list.
- Classroom teachers will be informed by the Supervisors of prescribed medications for students in their charge and classroom teachers will release students at prescribed times so that they may visit the school clinic and receive their medications from the member of health staff responsible for sick bay.
- Students involved in school camps or excursions will be discreetly administered prescribed medications by the 'Teacher in Charge' in a manner consistent with the above procedures, with all details recorded on loose-leaf pages from the official medications register or notify the school clinic.
- Parents/ nanny of students that may require injections are required to meet with the principal and school physician to discuss the matter along with medical report.



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### ILLNESS OR ONGOING MEDICAL CONDITIONS

- Parents of ill children will be contacted to take the children home.
- Parents who collect children from School for any reason (other than emergency or the end of the School day) must sign the child out of the School in a register, and must discuss with supervisors beforehand.
- All children attending camps or excursions will have provided a signed medical form providing medical details and granting teachers permission to contact a doctor or ambulance should instances arise where their child requires treatment. Copies of the signed medical forms to be taken on camps and excursions, as well as kept at School clinic.
- All children with asthma or diabetes or anaphylaxis are required to present the School with a management plan prepared by their treating practitioners, and to provide the school with the asthma medications, hypo kits or epi pen etc needed to implement their plan at College.
- General organizational matters relating to first aid will be communicated to staff at the beginning of each year. First aid training and revisions of recommended procedures for responding to asthma, diabetes and anaphylaxis will also be undertaken each year.
- It is recommended that all students have personal accident insurance and ambulance cover.

Approved By:

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Dr. Raazia Tahir  
School Physician

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Ms. Tiffany Brooks  
Principal

Prepared by:  
Juliet Madrid



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Date: \_\_\_\_\_

Dear Parent/Legal Guardian:

Your child's hair was examined at school today and was found to have what appear to be head lice or nits (eggs). Head lice do not carry any disease, nor does their presence mean that your child is unclean.

However, to prevent further spread in the school, this condition must be treated at once. One of the rules from the **AMERICAN INTERNATIONAL SCHOOL** System is that a child cannot remain in school if they have head lice or eggs in the hair.

We require that you contact with your physician because there are special shampoos that the Physician can prescribe to be most effective.

Following the guidelines which appear below, as well as the instructions listed on the back, please treat your child and return him/her to school after proper treatment and all nits have been removed from the hair. Please provide evidence from the physician that your child is free of head lice .This is a pre-condition to returning to school.

### **LICE CONTROL POLICY**

1. Any student found to have positive evidence of head lice (**either live lice or louse eggs (nits), shall be excluded from school.**)
2. The student shall be excluded from school until **he/she has been treated with a medication that kills lice and until all nits have been removed from the hair.**
3. Any student who is excluded from school because of lice infestation must be accompanied by his/her parent or by a responsible adult when he/she returns to school.
4. School personnel shall be responsible for checking the student to be sure he/she is free of nits before the child may return to the classroom. If the student is not free of nits and lice, he/she shall be returned home by the adult who brought him/her back to school.
5. Any student excluded from school for lice infestation shall have an excused absence for a limited time – not to exceed (4) calendar days, and shall be allowed to make up class work on that basis. The Principal may extend this time if circumstances warrant.

We are trying to maintain control of this problem in our schools. We know you will want to help us.

Thank you for your cooperation.

Sincerely,

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Dr. Raazia Tahir  
School Physician

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Ms. Tiffany Brooks  
Principal



## **PARENT/GUARDIAN NOTIFICATION POLICY**

AIS CLINIC reserves the right to notify parents or guardians in health or safety emergencies, hospitalizations, or when in the judgment of the college the health or safety of the student or others may be at risk. The particular circumstances in which parents or guardians may be notified include, but are not limited to:

1. Notifying of presenting symptom that may require exclusion from school.
2. Permission to provide care (such as: medication)
3. Inquiring students clinical history
4. Notifying incident occurred during school, nature of injury, care provided, advice for continuous care and referral to health care facility.
5. Transport of the student by emergency services and/or hospitalization for life-threatening or other serious.
6. Parents and/or guardians shall be notified, according to established school health procedures, of any suspected deviation from normal or usual health found as a result of a screening test (e.g., vision screening), health examination, and/or school personnel observation, in accordance with school health regulations.
7. Parents and/or guardians shall be notified, according to established school health procedures, of any suspected deviation from normal or usual health found as a result of a screening test (e.g., vision screening), health examination, and/or school personnel observation, in accordance with school health regulations.
8. Each school shall develop/adopt procedures or protocols for documenting and implementing a follow-up and referral plan for students identified as needing additional services.

Whenever possible, students will be informed that the college intends to notify their parents or guardians before such notification is made, and they will be given the opportunity to discuss notification with the dean of students or her designee. Students are generally encouraged to make such notification themselves.

Approved By:

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Dr. Raazia Tahir  
School Physician

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Ms. Tiffany Brooks  
Principal

Prepared by: Juliet Madrid



## POLICY ON PATIENT BELONGINGS AND VALUABLES

Patients and visitors are responsible for all personal belongings. AIS CLINIC is not responsible for replacing lost or misplaced items, so we recommend you bring only essential items to the hospital and offer the following tips to help keep your personal items secure:

- **Hearing Aids:** Hearing aids should be kept in the original case provided upon purchase. If the original case is not available, Parents/guardians need to provide a container labeled with patient name to store the aids in when not in use. Do not leave aids unprotected on the school facilities.
- **Eyeglasses:** Glasses are best secured in a case with patient name on it when not in use. To prevent loss or damage to eyeglasses, students/staff are asked not to leave them unprotected at all times.
- **Wheelchairs, Walkers, Canes:** Please put your name on all necessary items that are brought to the school including wheelchairs, walkers, and canes.
- **Valuables:** everyone is advised to leave all valuables at home; this includes jewelry, watch, cash, and credit cards, wallet, purse, camera, cell phone, laptop, or any other item that would be considered a loss if misplaced. Identification will be provided for collection of the items upon discharge.
- **Medications:** Bring a current of medications the STUDENT is taking. This includes herbal and over the counter medications as well as prescription medications. If a list is not available, bring in the medication containers for the clinic staff to view. Will be then labeled and store in fridge location in the clinic. Medication may need to be collected after school or until duration of prescription.
- **Lost Items:** AIS CLINIC is not responsible for student and visitors' personal belongings, we certainly try to return lost items to their owners. To file a lost items report, please contact the AIS RECEPTION at 04-602-8000.

Approved By:

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Dr. Raazia Tahir  
School Physician

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Ms. Tiffany Brooks  
Principal

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# POLICY ON EMPLOYEE ORIENTATION AND TRAINING

It is an initial process that provides easy access to basic information, programs and services, gives clarification and allows new employees to take an active role in their organization.

- Introduce new employees to their new environment
- Make new employees feel welcome and comfortable
- Retain a pool of new, capable employees
- Inform new employees of the AIS clinic policies
- Promote consistent management
- Establish clear standards that help reduce disputes and limit liability

## CAREER DEVELOPMENT

Many programs, including courses, workshops, seminars, etc, are available under the DUBAI HEALTH AUTHORITY. Such programs provide knowledge and skill development to enhance an employee's work performance and potential career growth, and updates about school practices and guidelines.

Career Development programs may be offered with the school through the Department of Human Resources, including non-credit courses offered by internal and/or external educational providers. Costs associated with attending conferences are the responsibility of the AIS Human Resource Head Person.

Eligible employees may apply for non-credit career development opportunities through the Department of Human Resources.

Approved By:

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Dr. Raazia Tahir  
School Physician

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Ms. Tiffany Brooks  
Principal

Prepared by: Juliet Madrid



## **SCHOOL HEALTH RECORDING AND RETENTION POLICY**

- School Health screening data should be recorded in the student file.
- Procedures and medical report (copy/original) from outside facility may be presented to the AIS CLINIC for future references.
- Record retention may take the form written medical file issued by governing body, attached paper documents, etc, but must be maintained in such a way that the information is available for clinical reference upon request.
- Risk for loss and/or damage must be minimized and records must be secured to prevent unauthorized access/file cabinet with lock.
- AIS CLINIC medical record documents will be maintained in safe storage for 5 years upon leaving school and then destroyed according to policy.
- A legible, complete, comprehensive, and accurate student medical record must be maintained for each patient.
- A record should include a recent history, physical examination, any pertinent progress notes, and laboratory reports imaging reports as well as communication with other student / patient personnel.
- Records should highlight allergies and untoward drug reactions.
- The clinic maintains an Immunization record of all students and prescribe and administer immunization in case applicable as per the DHA guideline
- <http://www.dha.gov.ae/EN/SectorsDirectorates/Directorates/HealthRegulation/MedicalComplaint/Documents/Immunization%20Guidelines.pdf>.
- Specific policies should be established to address retention of active records ,retirement of inactive records, timely entry of data in records, and release of information contained in records.
- Records should be organized in a consistent manner that facilitates continuity of care.
- Discussions with student/patients concerning the necessity, appropriateness of treatment, as well as discussion of treatment alternatives, should be incorporated into a patient's medical record as well as documentation of executed informed consent.
- The school health doctor or when designated, the nurse shall be responsible for the complete, cumulative school health record for each student.
- The record shall be stored in an appropriately secured location with convenient access.
- Whenever a student transfers to another school at any Grade, a copy of the complete, cumulative school health record shall be transferred at the same time to the health personnel of the school to which the student is transferring or handed to the parent, as appropriate.



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- The health record shall be maintained by the school for a minimum of five (5) years after the student turns eighteen (18) years of age or five (5) years after the student leaves the school .
- Health records shall include information regarding but not limited to :
  - Health history, including chronic conditions and treatment plan.
  - Screening results and necessary follow-up.
  - Immunization status and certification.
  - Health examination reports.
  - Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care.
  - For a student with documented anaphylaxis, the parental authorization of a student's treatment for allergies and the physician's order to administer an epinephrine auto-injector shall be entered into the student's health record.
  - Documentation of any nursing assessments completed.
  - Documentation of any consultations with school personnel, students, parents, or health care providers related to a student's health
  - Recommendations made, and any known results.
  - Documentation of the health care provider's orders, if any, and parental permission to administer medication or medical treatment to be given in school by the school nurse.
  - Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:
    - Secure records at all times, including confidentiality safeguards for electronic records.
    - Establish, document and enforce protocols and procedures consistent with the confidentiality requirements described herein as in
    - Train school personnel who handle student school health records in confidentiality requirements.
    - This record shall be sent in a manner consistent with upholding confidentiality.
    - **Note:** For further information, see Health Record guidelines which are available in DHA [www.dha.gov.ae](http://www.dha.gov.ae).

Approved By:

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Dr. Raazia Tahir  
School Physician

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Ms. Tiffany Brooks  
Principal

Prepared by: Juliet Madrid



## **EMERGENCY & TRANSFER PROTOCOLS**

- The School clinic should be equipped with the appropriate medical equipment, supplies, and pharmacological agents which are required in order to provide cardiopulmonary resuscitation, and other emergency services.
- Written policies must be in place to ensure necessary personnel, equipment, and procedures to handle medical and other emergencies that may arise in connection with services provided.
- At a minimum, there should be written protocols for handling emergency situations,
- Including medical emergencies and internal disasters.
- There should be written protocols in place for the timely and safe transfer of patients to a pre-specified alternate care facility within a reasonable proximity when extended or emergency services are needed.
- Protocols must include a written transfer agreement with a reasonably convenient hospital(s) or all physicians performing surgery should have admitting privileges at such facility.

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School Physician

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