



SCHOOL HEALTH POLICY

DATE	1 ST OCTOBER 2024
REVIEW DATE	30 TH OCTOBER 2026
Owner	School clinic
Version Number:	4
Legal Sign:	DM
Type of Policy:	statutory
Authorised by:	Principal
Authorised by Board:	N/a
Effective date of Policy:	1 st October 2020
Circulation:	Staff and parents



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1. Introduction

- 1.1. The health and safety of students at Ranches Primary School is of great importance. The school clinic is well staffed with one (1) full-time medical doctor and one (2) full-time nurses registered and licensed with the Dubai Health Authority (DHA).
- 1.2. If children are unwell while at School, they will be assessed at the clinic. The parent or guardian is informed to collect the child within 30 minutes in order to keep the clinic available to other pupils. The clinic team provides first aid only for illnesses and injuries to pupils that occur during school hours and during the after-school activity time on the school campus. Any illness or injury occurring outside of school must be treated privately at home.
- 1.3. The clinic administers medicines only to those pupils whose parents have signed the medication consents and refers pupils for follow up with medical practitioners or to emergency services if needed.
- 1.4. The clinic is well equipped with an automated electric defibrillator, a nebulizer, EpiPen and oxygen apparatus, which all help provide appropriate medical first aid response.
- 1.5. Our aim is that we abide by the guidelines in this policy which is used for the prevention of infection within the school.
- 1.6. We endeavour to work in partnership with our parents to meet the aims set out in this policy and the best interest of the child is considered at all times.

2. The aims of this policy are:

- 2.1. For parents to be aware of how to notify the school if children have been unwell and will not be attending on that day.
- 2.2. For staff to know what to do if they suspect a child is unwell or has an infectious disease.
- 2.3. To give guidelines for communicable diseases and illnesses within the school and the actions to be taken.

3. How to notify the school if children, who normally attend the school, have been unwell and will not be attending on that day:

- 3.1. If your child is unwell and will not be attending school or if your child has been unwell the previous day or night, please email the reception at attendance@rpsdubai.com and copy the school clinic rpsclinic@rpsdubai.com explaining your child's reason for absence. You may be asked to visit the clinic to ensure your child is fit to attend school upon their return to school. A sick student will not be allowed to back in



school without a medical clearance certificate detailing that the child is fit to return to school.

- 3.2. If your child has had any medicine (e.g., Calpol) before coming to school, it is of vital importance that the school nurse is informed of the time and dose given. If the medical team feel the child requires another dose during their day at school, we will recommend that they are taken home.
- 3.3. If your child has been sent home with a suspected infectious disease (e.g., chicken pox, hand foot & mouth disease) it is important to update the medical team after any doctor's appointments so that we can monitor the situation within the school. All cases of infectious diseases should be away from the school for all periods of communicability. Child will be allowed to attend the school only with a medical certificate stating that the child is not infectious anymore.

3.4. Please ensure that you visit the Clinic before dropping your child to class in the event that he/she was absent due to any of the below listed scenarios:

- 3.4.1. Early dismissed children with contagious illnesses, flu and respiratory symptoms like cough, runny nose, sneezing etc.
- 3.4.2. A suspected contagious rash: children should stay at home until the rash has gone.
- 3.4.3. Heavy nasal discharge: children are not allowed to come to school until they have received a clearance letter from their treating physician.
- 3.4.4. Red, sticky eyes: children are permitted to resume school after the discharge from eyes has ceased or until they have received a clearance letter from treating physician.
- 3.4.5. Persistent cough: children should stay at home until the cough has gone or until they have received a clearance letter from their treating physician.
- 3.4.6. Fever: children should be free of fever 24 for hours without medicine at home.
- 3.4.7. Vomiting/ diarrhea/ abdominal pain: children should stay at home for 24 hours after the last episode without the need of medication.
- 3.4.8. COVID positive children after quarantine with DHA clearance certificate.
- 3.5. Alternatively, a medical certificate from your treating physician can be submitted to the medical team in person on the morning your child is due to return to school.
- 3.6. The school nurse/Dr can be contacted on rpsclinic@rpsdubai.com and/or 04-442 9765, ext. 220/222 (school clinic).

4. How you will be notified if your child is unwell:



- 4.1. If your child is unwell, has been seen by the medical team but does not receive any medical treatment, the school nurse will make a note of the visit in her clinic book.
- 4.2. If your child is unwell, has been seen by the medical team and received medical treatment, the medical team will record the visit and provide the child with an 'Ouch' Report. The 'Ouch' Report describes the treatment given to the child and if any follow up is needed.
- 4.3. If your child is unwell and no longer fit to stay in school, the medical team will call you to collect your child and advice for a specialist opinion.

5. The following are a few helpful school clinic policies which are in line with the Dubai Health Authority School Health Guidelines:

5.1. Policy on Administration of Medication

- 5.1.1. Prior to admission, parents are required to submit the 'paracetamol and emergency consent form' for the medical team to administer and treat their child during an emergency. The form can be acquired from the Admission Coordinator. If a child is on regular medication or there has been a change of medication, inform the clinic. The clinic is well stocked with necessary medicines which will be dispensed to those in need after parents have been contacted. If the parents are not reachable, the school medical team will administer appropriate treatment.
- 5.1.2. If a medication has to be given during school hours, a doctor's prescription is required with the medicine in original packaging, well labelled with the name and class of the child, the dosage and the timing. The medical team must check the prescription date on the medication when accepting it. Medications that are dosed twice daily should be administered by parents at home in the morning and after school hours. **The parent/guardian should deliver the medicine to the clinic and sign the consent form available in the clinic. Please do not send any medications in your child's school bag for the safety of every child in the school. Where a child travels to school by the school transport, medications can be handed over to the transport assistant with the signed authorisation form and copy of the prescription.**
- 5.1.3. **Children who have been prescribed a course of antibiotic will not be allowed to attend school until 24 hours after commencing the course.** This is to allow time for the antibiotic to take effect and to ensure there is no adverse reaction to the medication.



- 5.1.4. If your child has a condition such as allergies, asthma, epilepsy or diabetes, please provide labeled emergency medicine (Epi-pen, inhalers, anti-epileptic, Insulin, etc.) to the relevant clinic staff.
- 5.1.5. Children are not allowed to carry medicines in their bag and should only take medicine under the supervision of the medical team.

5.2. Physical Examination

- 5.2.1. As part of the Dubai Health Authority's regulations the school medical team is required to conduct a non-invasive medical examination that includes screening of vision and hearing and head to foot examination of pupils.
- 5.2.2. The results of the examinations are documented in the School Health Record. Any findings requiring additional follow up or referrals will be reported to the parents using the referral form or via email.

5.3. Medical Forms

- 5.3.1. Prior to your child's admission to the school, you will be required to complete the medical forms sent by the Admissions Team. It is important that the school is made aware of any medical condition that your child has or if they are receiving any medication.
- 5.3.2. Please update the medical team of any change in your child's medical/surgical history or any recent allergies discovered/any vaccination taken and of any change in your contact details.

5.4. Accidents and Emergency

- 5.4.1. In case your child requires emergency treatment, efforts will be made to contact you. If contact is not possible, the school medical team will administer appropriate emergency treatment and if needed an ambulance will be called to transfer your child to the hospital.

5.5. Immunization

- 5.5.1. Parents are required to submit updated vaccination documents to the relevant clinic for record purposes prior to



the start of school. The medical team will check the vaccination record and let parents know if any vaccination of your child is due.

5.6. Sickness Policy

5.6.1. Fever: Children with a temperature above 37.5° C (99.5°F) should be rested at home. A sick child is not able to function effectively in school and should rest at home until fully recovered. If a child develops a fever during school hours, parents will be contacted and requested to take the child home.

Children may return to school if they are afebrile for 24 hours without using fever-reducing medications such as Calpol, Panadol, and Advil etc.

5.6.2. Allergies: Any child or member of staff who has chronic or acute allergic rhinitis/bronchitis will be required to submit a medical report from the treating physician stating the diagnosis and treatment plan for the same.

5.6.3. Absence due to medical illness: If a child is absent due to medical reasons (acute or communicable disease or illness) for 3 days or more, a medical report including the diagnosis with lab reports, treatment of the illness and any specific precautions to be taken care of during school hours (exemptions for P.E/swimming) for him/her on returning back to school should be submitted to the school clinic.

5.6.4. In case of any hospital admissions due to injuries, surgeries, or chronic illness a discharge summary with details of (diagnosis, investigation reports, treatment prescription copies, medical fitness which says he/she is fit to resume back to school) from the treating specialist is required to be submitted to the school clinic to resume attendance.

5.7. No Nuts Policy

5.7.1. Ranches Primary School is a **Nut Free School**.

5.7.2. Nut allergy is the most common food allergy in children. We are aware that some pupils in our school have a nut allergy and it is as severe as they go on anaphylactic shock.

5.7.3. Allergic reactions may occur through the ingestion of nuts or foods containing nut traces. However, a reaction may also



occur by physical contact with a person or object that has come into contact with nuts.

5.7.4. To help keep all our children safe at Ranches Primary School, it is of vital importance that you **do not** provide the following foods in your child's lunch box in school trips or for any celebrations:

- 5.7.4.1. Any nuts
- 5.7.4.2. Peanut butter
- 5.7.4.3. Nutella
- 5.7.4.4. Chocolates containing nut traces
- 5.7.4.5. Muesli bars
- 5.7.4.6. Nougat
- 5.7.4.7. Biscuits/cookies containing nuts or nut traces
- 5.7.4.8. Pesto

Please check packaging carefully for any traces of nuts also. If still in doubt, exercise caution and do not risk sending the food into school.

5.8. Contagious illness

- 5.8.1. 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, Measles, Mumps etc. However, the list is not limited to the above-mentioned conditions.
- 5.8.2. If a child is diagnosed with any contagious disease requiring exclusion from school, the parents are expected to inform the relevant clinic to abide with the infection control measures in place.
- 5.8.3. If a child develops vomiting and/or diarrhea, he/she should be seen by a doctor and rest at home for the duration of illness or if necessary, admitted to the hospital.
- 5.8.4. Children with conditions that require exclusion from school like chicken pox, measles, mumps, and conjunctivitis should be rested and cared for at home and may only return when



they are no longer contagious. The infectivity period for each condition varies.

5.8.5. Upon returning, a medical certificate from the attending physician must be provided or the child must first be assessed by the school nurse/Dr. If the child is still considered to be a possible source of infection, parents will be asked to take them home.

6. Infection Control Policy

6.1 To further reduce the spread of infection, please do not send your child to school if they have:

6.1.1.1 Fever $>37.5^{\circ}\text{C}$ (return to school when child is afebrile without medication like Panadol/Brufen for 24hrs).

6.1.1.2 A suspected contagious rash

6.1.1.3 Heavy nasal discharge

6.1.1.4 Red, sticky eyes

6.1.1.5 Persistent cough

6.1.1.6 Vomiting and diarrhea (return to school only when symptom free for at least 24 hours without medication).

6.2 If a child has an infected sore or wound, it must be covered by a well-sealed dressing or plaster.

6.3 If your child is assessed by the medical team and deemed to be a possible source of infection to other children, you will be contacted to take her/him home immediately.

6.4 Please always inform the school clinic if your child has been or is being treated for a medical condition.

7. EXCLUSION FROM SCHOOL (AS PER DHA GUIDELINES)

Condition	Incubation period	Exclusion of Cases	Exclusion of Contacts
Acute Amoebic dysentery (Amoebiasis)	Range from 2 – 4 weeks	Exclude until diarrhea has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded



Chickenpox	Range from 10 to 21 days; (usually 14-16 days)	Exclude from school until all vesicles become crusted & dry, or until no new lesions appear within a 24- hour, (an average range of 4-7 days from appearance of rash).	Not excluded. Any child with an immune deficiency (e.g. with leukemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary.
Conjunctivitis		Exclude until discharge from eyes has ceased, unless doctor has diagnosed a non-infectious conjunctivitis.	Not excluded
Coronaviruses (SARS, MERS, COVID-19)	Range from 2-14 days	Exclude until medical certificate of recovery is produced (Subject to the current guidelines)	Subject to the current National authority guidelines
Cytomegalovirus (CMV) infection	Range from 3 – 12 weeks.	Exclusion is not necessary	Not excluded
Diarrheal illness - unspecified		Exclude until symptoms (diarrhoea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded



Diarrheal illness- -viral (Adenovirus, Norovirus, Rotavirus)	Varies with pathogen (usually from 12 hours to 4 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
Diarrheal illness- Bacterial (shigella, Non- typhoidal salmonella, campylobacter)	Varies with pathogen (usually from 10 hours to 7 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
Diarrheal illness- E.coli infection, Shiga toxin or Vero toxin producing (STEC or VTEC)	Range from 1-10 days; usually 3-4 days	Exclude cases until they have two negative stool specimens collected at least 24 hours apart and at least 48 hours after discontinuation of antibiotics	Not excluded
Diarrheal disease- Giardiasis	Range from 1 to 4 weeks (usually 7 to 10 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
Diphtheria	Range from one to ten days; (usually 2-5 days)	Exclude until medical certificate of recovery from illness is received; which is following two consecutive negative nose and throat cultures (and skin lesions in cutaneous diphtheria) taken 24 hours apart and not less than	Exclude Family / household contacts until investigated by medical professional and shown to be clear of infection.



		24 hours after completion of antibiotic therapy.	
Glandular fever (Epstein-Barr Virus infection)	Approximately 4 – 8 weeks	Exclusion from school is not necessary Note: ONLY exclude from (contact/collision) sports for 4 weeks after onset of illness	Not excluded
Hand, Foot and Mouth disease	Usually 3 – 6 days	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenza type b (Hib)	Range from 2 – 4 days	Exclude until the person has received appropriate antibiotic treatment for at least four days.	Not excluded.
Hepatitis A	Range from 15 – 50 days; usually 28-30 days	Exclude until a medical certificate of recovery is received, and until 7 days after the onset of jaundice or illness.	Not excluded.
Hepatitis B	Range from 60 to 150 days; Usually ninety days	Acute illness: Exclusion until recovered from acute attack. Chronic illness: Not Exclusion	Not excluded.
Hepatitis C	Range from 14–182 days (usually range: 14–	Exclusion is not necessary.	Not excluded.



	84 days)		
Human immuno-deficiency virus infection (HIV/AIDS)	Usually one to four weeks	Exclusion is not necessary.	Not excluded.
Impetigo	The incubation period Varies according to the causative organism It is usually one to three days for streptococcal infections and four to 10 days for staphylococcal infections	Exclude until lesions are crusted and healed. The child may be allowed to return earlier provided that appropriate treatment has commenced and that sores on exposed surfaces must be properly covered with water-proof dressings	Not excluded.
Influenza / influenza like illnesses	Usually 1 to 4 days	Exclude until at least 24 hours after fever has resolved without the use of fever-reducing medicines.	Not excluded
Leprosy		Exclude until receipt of a medical certificate of recovery from infection.	Not excluded



Measles	Range from 7 – 23 days from exposure to symptom onset; Usually 10-14 days.	Exclude for at least 4 days after the onset of rash Or until medical certificate of recovery from illness is received	Immunized contacts not excluded. Unimmunized contacts should be excluded until 14 days after the first day of appearance of rash in the last case. (If unimmunized contacts are vaccinated within 72 hours of their first contact with the first case, or received immunoglobulins within 6 days of exposure, they may return to school).
Meningitis (viral, bacteria - other than meningococcal meningitis)	Varies according to the causative organism	Exclude until well.	Not excluded.
Meningococcal Meningitis infection	Range from two to ten days; usually 3 -4 days.	Exclude until receipt of a medical certificate of recovery from infection.	Household contacts must be excluded from school until they have received appropriate chemoprophylaxis for at least 48 hours.
Mumps	Range from 12 - 25 to days; commonly	Exclude for 9 days after the onset of swelling OR until this swelling resolved.	Not excluded.



	parotitis develop 16 - 18 days		
Pediculosis (Head lice)		Exclude until appropriate treatment has commenced. Note: Rescreening is needed 7- 10 days after initial treatments, to inspect hair for live crawling lice.	Not excluded
Poliomyelitis	Range from 4 – 35 days; Usually 7 – 10 days	Exclude from schools until 14 days after the onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded.
Rubella (German measles)	Range from 12 – 23 days; usually 17 days.	Exclude until fully recovered or for at least seven days after the onset of rash.	Not excluded Note: Female staff of child-bearing age should ensure that their immune status against rubella is adequate.
Scabies	It may take 2–8 weeks before onset of itching in a person not previously exposed to scabies. Symptoms develop much more quickly if a person is re-	Exclude until appropriate treatment has commenced.	Not excluded



	exposed, often within 1–4 days.		
Streptococcal infection (including scarlet fever)	Range from two to five days	Exclude the child has received appropriate antibiotic therapy for at least 24 hours and after the fever has resolved for 24 hours (without the use of fever-reducing medicines); OR until receipt of a medical certificate of recovery from infection; which issued when	Not excluded
Tuberculosis (excluding latent tuberculosis)	It takes about 4-12 weeks from infection to a demonstrable primary lesion or positive skin test reaction	Exclude until receipt of a medical certificate from the health officer of the Department, that the child is not considered to be infectious.	Not excluded.
Typhoid fever/paratyphoid fever	For typhoid fever ranges from 6–30 days; usually 8–14 days (but this depends on the infective dose) For paratyphoid fever is usually 1–10 days.	Exclude until receipt of a medical certificate of recovery from infection.	Not excluded unless the health authorities consider exclusion to be necessary.



SCHOOL MEDICAL TEAM

PRINCIPAL