



## **Nadeen School First Aid/Medication Policy**

### **Our Philosophy**

Fostering creative thinking and enterprising learning is essential to empowering individuals to grow and thrive in an ever-changing world. By encouraging curiosity, risk-taking, and problem-solving, we cultivate a mindset that embraces innovation and adapts to new challenges. Supporting learners in this journey involves creating environments where exploration is encouraged, diverse perspectives are valued, and failure is seen as a step toward success. As we inspire the next generation of Mavericks, we equip them with the skills and resilience needed to pursue their passions with purpose, helping them not only excel individually but also contribute meaningfully to society with a cause that drives them. By nurturing their potential, we unlock a future where creativity and entrepreneurship become catalysts for positive change.

### **Our Vision**

To be a place where minds can rise and soar,

Where learners dream and seek for more.

Where progress blends with roots held tight,

Guiding souls towards what's right.

Inspiring a community, where learners embrace their individuality: rooted in values that prepare them to disrupt positively and shape the world with purpose.

### **Our Purpose**

In our growing Nadeen School Family, we empower each soul to say 'I can be me ... in my own way'. We nurture every learner's potential by fostering an environment of compassion, courage, and creativity through progressive education.



## Nurse Clinic Medical Treatment Policy and Procedure

**Purpose:** The purpose of this policy is to outline when a child or adult may visit the Nurse Clinic, the treatment available, and under what circumstance the child or adult may be discharged or sent for further treatment. Nadeen School's School Nurse Clinic is a welcoming and safe space for the children, staff, parents, and visitors, dedicated to supporting health and wellness. It is approved and monitored by the Ministry of Education, Ministry of Health, and the National Health Regulatory Authority (NHRA.) The school Nurse must be registered with the NHRA and undergo mandatory training as required by this governing body.

**Scope:** This policy is applicable to all learners, staff, parents, visitors, external providers, and contractors on site.

### Policy statements:

#### 1. Arriving healthy to school:

- Children should not be sent into school if they are unwell, have a temperature, have a contagious condition such as Covid -19 suspected symptoms, episodes of vomiting or diarrhoea overnight or in the morning, or if there is an upset stomach. Parents are asked to inform the school nurse and the teacher. The School Nurse will ask for a sick note from the learner's local paediatrician or the Medical Center before the learner returns to school. At Nadeen School we recognize that parents have the prime responsibility for their child's health and that it is their responsibility to provide the school with information about their child's medical condition.
- Parents should obtain details from their child's General Practitioner (GP) or paediatrician if needed. It is the duty of the School Nurse and School Administration to ensure that all children's records are up to date and complete.
- Staff members and external providers are encouraged to judge their own health and wellness before coming to school. Staff are required to inform the HR department and School Nurse of any underlying medical conditions.

#### 2. When to go to the Nurse Clinic:

Children or adults may be sent to the Nurse Clinic if their initial complaint or discomfort persists in class for longer than 15 minutes or if they become increasingly distressed; if they vomit, have diarrhoea or if they have an upset stomach; if they have a temperature; if they sustain an injury which breaks the surface of the skin; or if they require immediate

medical attention (such as dislocation, head injury, fainting, etc.)

**Children may be sent to the Nurse Clinic in the following way:**

- Escorted by the class teacher, subject teacher, assistant, or member of the school administration – this is for **all children Nursery to Year 3 under all circumstances**
- Escorted to the Nurse Clinic by a member of staff on playground duty (if the injury occurs during playtime)
  - o The staff member on duty must inform the class teacher that a child from his/her class is in the Nurse Clinic
- If appropriate, children from Year 4 – Year 6 may go to the Nurse Clinic in groups of two or three on the proviso that the staff member sending them also sends over a note explaining the reason for the visit. Once the ill child has been left in the Nurse Clinic the other accompanying children may return to class

**3. Children may be sent back to class in the following way:**

- Children must not be sent back to class unattended
- When a child is taken to the Nurse Clinic by an adult (N-Yr3) or group of children (Yr4-Yr6) the School Nurse will advise an approximate collection time – at which point an adult from the class or key stage will return to the Nurse Clinic to collect the child. If the child is not ready to be collected the Nurse will update and advise a new collection time, and the staff member will provide this update to the class teacher. If no one can collect the learner from the clinic, the nurse can accompany the learner to his/her classroom if she's free.

**4. Treatment in the Nurse Clinic - child**

Once a child has been sent to the Nurse Clinic, the following procedure is followed:

- The School Nurse will ascertain the name and class of the child
- Nurse will take vital signs if required, and conduct a medical assessment. Then provide all treatment required. Nurse will record each learner visit to the clinic in the learners Health Record on Classe365.

**5. When to be sent home:**

Children and adults will be sent home in the following circumstances:

- When temperature is above 37,5-degrees C (99,5°F)
- If there are suspected symptoms of Covid-19 such as sore throat, cough, fever etc...
- If they have vomited or have diarrhoea
- If they have sustained a suspected fracture or a bad sprain
- Major cut with lots of bleeding

- Head injury with a large amount of blood
- At the discretion of the nurse

#### **6. Return to School after treatment in the Nurse Clinic:**

Any child or adult sent home sick from the Nurse clinic must remain off school the following day or longer if required until they are free from all symptoms and are well-rested and recuperated, prior to returning to school.

Children who vomit, have diarrhoea, an upset stomach, or a high temperature, will have the following statement emailed home and included in their Health Record in the incident report section to reinforce the school's policy:

**Child with a high temperature:**

*As your child had a temperature above 37,5°C, (99,5°F) as per our First Aid and Nurse Clinic policy they cannot return to school until their temperature has remained below 37.2°C (98.96°F) for a minimum of 1 full school day.*

**Child with Vomiting/Diarrhoea:**

*As your child had episodes of vomiting/diarrhoea, as per our First Aid and Nurse Clinic Policy they cannot return to school for 1 full school day after their last vomit/episode of diarrhoea.*

**Child with a Positive Covid-19:**

*As your child is tested Covid-19 positive, as per our First Aid and Nurse Clinic Policy they can return to school after they finish their isolation period.*

**Child with a minor head injury:**

*As your child has suffered a minor head injury to day at school, seek immediate medical attention if your child displays any of the following signs and symptoms*

- *develops a persistent headache*
- *vomits more than once*
- *balance problems or difficulty walking*
- *vision problems, such as double vision or blurred vision*
- *difficulty speaking such as slurred speech*
- *loss of power or sensation in part of the body, such as weakness or loss of feeling in an arm or leg*
- *irritability or unusual behaviour*

- *becomes confused*
- *becomes unconscious or difficult to rouse*
- *develops any bleeding or watery discharge from the ears or nose*
- *has a fit*

## **7. When to be sent directly to hospital:**

In the event of an emergency whereby a child or adult requires immediate hospital attention, the school will simultaneously call the ambulance service on 999 and contact the parents/emergency contact. In most instances the ambulance will be directed to **King Hamad Hospital**

If a child is taken by ambulance to hospital, a staff member will accompany the child in the ambulance, and an additional staff member will follow in his/her private car. A member of the senior leadership team will also go to the hospital in order to meet with the child's parents.

If an adult is taken by ambulance to hospital a staff member will follow in his/her private car

1. Staff member attending will inform the School Nurse or member of the school Emergency Response Team that there is an issue which requires ambulance services
2. A member of the ERT will call 999
  - a. ERT will inform Head of School
3. School Nurse will remain with the injured person
4. Head of School will inform parent/emergency contact of the situation
5. Member of staff will accompany child in the ambulance; member of staff will follow ambulance to meet parent/emergency contact at the hospital
6. Staff will never take a child or adult to hospital in their car unless with ERT approval

### **Implementation:**

- The Nurse Clinic and Treatment Policy will be implemented by the school nurse and first-aid trained staff where applicable
- Training on identifying illness and injury will take place on an annual basis for all staff along with training staff to be emergency responders

### **Review and Revision:**

- This policy will be reviewed annually to assess its effectiveness in maintaining an effective and efficient response to illness and injury



- Feedback from the Ministry of Health, staff training sessions, and incident reports will be used to revise and improve Nurse Clinic practises

**Conclusion:** Nadeen School is committed to providing safe and efficient medical care. By implementing this policy we aim to protect the health and well-being of our school community.

## Administering Medication Policy and Procedure

**Purpose:** The purpose of this policy is to identify types of medication which are permitted in school, the safe storage of these medications, and when these medications may be dispensed.

**Scope:** This policy applies to all individuals present on Nadeen School premises, including learners, staff, visitors, contractors, and volunteers.

**Policy statements:**

### 1. Medication stocked in school:

Medication stocked in Nurse Clinic as per Ministry of Health requirements and Clinic Stock Medications.

<p>As per <b>Ministry of Health requirements</b>, the following medications are kept in the Nurse Clinic:</p> <ul style="list-style-type: none"> <li>● Paracetamol tablets and syrup (pain and fever relief)</li> <li>● Panthenol Cream (soothing cream)</li> <li>● Hyoscine Butyl ( Buscopan)</li> <li>● Ibuprofen Tablets – 200mg and 400mg (pain and fever relief)</li> <li>● Aludrox suspension/Rennie tablets</li> <li>● Salbutamol Solution (Bronchodilator for Nebuliser)</li> <li>● Savlon 1% (Antiseptic cream)</li> <li>● Calamine Lotion (soothing lotion)</li> <li>● Bonjela/Teegel and Clove Oil (mouth ulcers)</li> <li>● Vaseline Jelly</li> <li>● Methylated Spirits</li> <li>● Rehydration salts( ORS )</li> <li>● Antibiotic Ointment</li> <li>● Betadine Solution (Antiseptic cleaning Solution)</li> <li>● Normal Saline 500mls/ 10mls</li> </ul>	<p><b>In addition, the school nurse clinic is stocked with:</b></p> <ul style="list-style-type: none"> <li>● Strepsils (lozenges for sore throats)</li> <li>● Ethyl Chloride Spray (Biofreeze)</li> <li>● Fenistil (insect bite relief cream)</li> <li>● Optrex lotion and drops (irritated eyes)</li> <li>● Elcolic (abdominal pain)</li> <li>● Vicks vapour (congestion)</li> <li>● Voltaren gel (topical pain relief)</li> <li>● Claritine (antihistamine)</li> <li>● Salt (Saline washes/gargles)</li> <li>● Neomycin Ointment</li> <li>● Sanitary pads and tampons</li> </ul>
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## 2. Safe storage of medicine and safety management

- All medicines may be harmful to anyone for whom they are not appropriate. All medications will be kept in the Nurse Clinic, in a locked cabinet, at all times (with the exception of ventolin inhalers). In the case where a particular child has been entrusted to self-administer, their medications will also be stored in the Nurse Clinic .However the nurse will ensure that the medications are available to the child at the time required in order for them to self-administer and maintain their independence.
- Large volumes of medicines should not be stored at the school. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.
- The very vast majority of medicines are stored in the Nurse Clinic. Children should know where their own medicines are stored and who holds the key. The school

Nurse is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away – in some cases they can be kept with the child and/or his/her class teacher.

- A few medicines need to be refrigerated, and a fridge is in the Nurse Clinic for this purpose. All medicine which requires refrigeration must be stored in an air-tight container labelled with the name of the medication and child.

### 3. Medication for children:

- Parents should provide full information about their child's medical needs, including details on medicines their child needs
- Medicines should only be brought to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day
- The school should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are accompanied by a completed **Nadeen School Prescribed Medication Administration** form. However, as part of our 'loco parentis' role we may also administer over the counter cough remedies and throat soothers when a permission for minor medications to be given at school has been signed. Prior to administration of mild analgesics such as Calpol, parents will be contacted by phone and verbal permission sought.
- Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration
- The School should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions
- No child under 16 should be given medicines without their parent's written consent. All written consent will be kept in the child's file. Verbal consent is not deemed as sufficient consent
- In rare cases, with School Administration and School Nurse consent, a member of the ELT may be permitted to dispense medication – in this case, any member of staff authorised to give medicines to a child should check:
  - i. the child's name
  - ii. prescribed dose
  - iii. expiry date
  - iv. written instructions provided by the prescriber on the label or container
  - v. have another staff member witness the administration of the medication (with the exception of the school Nurse who may give stock medication and prescribed medication without a witness).
- If in doubt about any procedure staff should not administer the medicines

but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent and senior leadership team

- Staff to complete and sign a Nadeen School stock medication administration form each time they give stock medication to a child, this form should be returned to the school nurse.
- Long term medications require a prescription file in the child's medical record and details of administration clearly detailed on the child's Individual Health Care Plan.

#### **4. Medication for adults:**

- Staff, visitors, and external providers who require medication must inform the School Nurse when that medication is brought in to school
- Adults are responsible for the medication they require and are required to administer this medication either in the Nurse Clinic or in a designated school administration area (where no children are present)
- All medication - prescribed or over-the-counter - must be kept locked and secured at all times while on school premises

#### **5. Medication during a school trip:**

- Nadeen School encourages children with medical needs to participate in safely managed school trips and consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on school trips; this includes risk assessments for such children.
- Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising school trips should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.
- Travel sickness medication is administered in the same way as other medication at Nadeen School – parents should complete a Nadeen School Prescribed Medication Administration Form, medication should be in the original packaging, the adult administering should make a record and another adult should witness the administration.
- If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek ELT and parental opinion.

#### **6. Sporting Activities**

- Most children with medical conditions can participate in physical activities and

extracurricular sports. There should be sufficient flexibility in planning for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

- Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers.
- Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

#### **7. Short -Term Medical Needs**

- Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

#### **8. Long-Term Medical Needs**

- It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state.
- The school needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. An Individual health care plan for such children, involving the input from parents, ELT, School Nurse and relevant health professionals. This can include:
  - i. details of a child's condition
  - ii. special requirement e.g., dietary needs, pre-activity precautions
  - iii. and any side effects of the medicines
  - iv. what constitutes an emergency
  - v. what action to take in an emergency
  - vi. what not to do in the event of an emergency
  - vii. who to contact in an emergency?
  - viii. the role the staff can play
- The Nurse at the beginning of every term and during the term as required will

compile a list of all children with allergies and any other serious medical conditions. This list will be emailed to all staff and printed and displayed in the Staff Clinic. Photos of learners with severe allergies/medical conditions will be displayed alongside the list to familiarise all staff with these learners, in case of emergency.

## **9. Self-Management**

- It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and Nadeen School encourages this in conjunction with the child's parents. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop, they should be encouraged to participate in decisions about their medicines and to take responsibility.
- Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parents. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person.
- There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.
- If children can take their medicines themselves, staff may only need to supervise. The medical plan should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child.
- Where children have been prescribed controlled drugs, staff need to be aware that these should be kept in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

## **10. Refusing Medicines**

- If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal when the medicine is due to be taken.

## **11. Access to Medicines**

- Children need to have immediate access to their medicines when required.

## **12. Disposal of Medicines**

- Staff should not dispose of medicines through the normal school waste system. Parents are responsible for ensuring that date-expired medicines are returned to a

pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a Ibn Al Nafees Hospital pharmacy for safe disposal by the nurse at the end of the school year or more frequently if required.

### **13. Disposal of Clinical Waste**

- Sharps boxes should always be used for the disposal of needles. Yellow clinical waste bags should be used for large volumes of clinical waste. Disposal of full sharp boxes and large volumes of clinical waste (after a major incident) will be disposed of by the King Hamad Clinical waste service as per the service contract insitu.

### **14. Implementation:**

- The Administering of Medication Policy will be implemented by the school Nurse and relevant trained professionals under the guidance of the Ministry of Health and the ELT
- Training on policy implementation and specific medical/medication needs will be provided to relevant personnel and reviewed by the school Nurse on a termly and as-needed basis

### **15. Review and Revision:**

- This policy will be reviewed annually to assess its effectiveness in maintaining safe and secure storage and use of medication on site
- Feedback from the Ministry of Health, staff, and parents will be used to review safe and secure medicine administration practices.
- **Conclusion:** Nadeen School is committed to providing a safe, secure, and supportive approach to the health and welfare of our community. By implementing this policy we aim to protect the health and well-being of our school community.

## **Specific Medical Conditions Policy and Procedures**

**Purpose:** The purpose of this policy is to outline the school's approach to specific medical conditions and what support is in place to ensure that the staff are trained to respond quickly and appropriately when needed.

**Scope:** This policy is applicable to all staff

**Policy statements**

### **1. Identifying specific medical conditions within the school community:**

The school Nurse will identify specific medical conditions within the school community through:

- **Children:** via the admissions process and application form
- **Staff:** via the onboarding and HR process
- **External providers:** those who are contracted to provide regular services and who are cleared to work within the school will disclose any relevant medical conditions through the onboarding process

### **2. Training and information regarding specific medical conditions:**

Staff will be provided with specific training if they are in regular contact with a child or other staff member identified with a specific medical condition which may require a specific or fast response. This training will be arranged in conjunction with the school Nurse and Head of Health and Safety.

All designated First Aid trained staff will also receive this training.

### **3. Specific Medical Conditions: Anaphylaxis; Asthma; Diabetes; Epilepsy**

All staff will receive awareness training on anaphylaxis, asthma, diabetes, and epilepsy as part of their annual induction.

Photos of children with these conditions will be shared by the school Nurse in the termly update.

Staff are expected to report to the school Nurse any significant health issue which may cause a health and safety issue while at school.

#### **Implementation:**

- The Specific Medical Conditions Policy will be implemented by the school Nurse and Head of Health and Safety
- Training on specific medical conditions will be provided to all staff as part of annual induction and to specific staff ongoing as required

#### **Review and Revision:**

- This policy will be reviewed annually to assess its effectiveness in maintaining staff awareness of specific medical conditions within the school community
- Feedback from food safety audits, staff training sessions, and incident reports will be used to revise and improve food preparation and storage practices.



**Conclusion:** Nadeen School is committed to providing a safe and supportive environment for people within the school community with specific medical conditions. By implementing this policy and fostering awareness of medical conditions we aim to protect the health and well-being of our school community.

## Hygiene and Infection Control Policy and Procedure

**Purpose:** The Hygiene and Infection Control Policy at Nadeen School establishes guidelines for establishing and maintaining clean and hygienic learning, work, and recreation areas at the school. This policy aims to embed a systematic and sustainable approach to cleanliness at the school aimed at reducing risk of infection and illness within the school community.

**Scope:** This policy applies to all school personnel, including teachers, administrators, support staff, and external agencies.

### Policy Statements:

#### 1. Demonstration, practice, and modelling of good hygiene:

- Staff will be familiar with normal precautions for avoiding infection and follow basic hygiene procedures such as: importance of handwashing; importance of clean eating and surfaces; importance of proper food storage; importance of cleanliness and protection when dealing with spillages and bodily fluids.
- Staff will receive annual and updated training via the school Nurse via in-person training and email updates.

#### 2. Access to PPE and use:

- Staff will have access to aprons, disposable gloves, and protective eyewear, available at central locations clearly marked on each floor.
- Staff must use disposable gloves when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.
- Staff will wear aprons and gloves when changing nappies and toileting older children.

#### 3. Access to cleaning solution and cleaning cloths; disposal of cloths; central laundry

- The school will provide each classroom with a bottle of cleaning solution and cleaning cloths which must be kept locked in the teacher's desk/cupboard at all times, except when in use

- J-cloths and microfiber cloths may be reused daily or, when used during times of illness, washed and replaced daily

#### **4. Classroom cleaning routines - 2s program, Nursery, and Reception (Early Years)**

- Nursery Classrooms - Daily- Classroom staff
  - Tables cleaned after snack and messy play activities with hypochlorite cleaning solution and j-cloths
  - All hard toys and shared equipment (mouthed by children or used by children with an Upper Respiratory tract infection (runny nose and/or cough) during the day in the classroom will be placed in the Used Basket and cleaned with Hypochlorite cleaning solution and microfiber cloth at the end of the day.
  - Small handheld outside toys and all water trays used during the day e.g water play should also be cleaned with Hypochlorite cleaning solution and a microfiber cloth at the end of the day.
- Nursery Classrooms- Weekly – Classroom Staff
  - All hard toys cleaned with a hypochlorite cleaning solution and a microfiber cloth
  - All soft toys if used placed in central Laundry bin for washing
  - All shelving units and toy storage boxes wiped down with hypochlorite cleaning solution and a microfiber cloth
- Common Areas - Weekly - Classroom Staff
  - All play equipment in these areas will be cleaned with hypochlorite cleaning solution and microfiber cloths weekly. Rota of all Early years' staff required for cleaning of common areas.

#### **5. Classroom cleaning routines - Year 1 upwards**

- Tables cleaned after snack and messy play activities with hypochlorite cleaning solution and j cloths. Any toys/games mouthed by children or used by children with an Upper Respiratory tract infection (runny nose and/or cough used during the school day will be placed in a Used collection basket for cleaning at the end of day with Hypochlorite cleaning solution and microfiber cloth.
- Weekly as required, all shelving units and toy storage boxes and all toys/games wiped down with hypochlorite cleaning solution and a microfiber cloth .

#### 6. Infectious/Communicable disease outbreak

- If a child presents with infectious/communicable symptoms during the day and is sent home by the Nurse, clean shared items used by the child with hypochlorite cleaning solution and paper towel. When children are dismissed at the end of the school day all tables, shelves and all hard toys will be cleaned with hypochlorite cleaning solution and a microfiber cloth. All soft furnishings will be placed in the central Laundry bin for washing. Request maintenance to inform the cleaning company to do a deep clean on the classroom on that day and remove carpets to wash.

## Automated External Defibrillator (AED) use

### Definitions

An AED is a computerised lifesaving medical machine that will analyse the heart rhythm to detect cardiac arrest and deliver an electric shock to the heart if necessary – this is called defibrillation.

**Training is not required to use this device.**

Sudden cardiac arrest is when the heart stops pumping blood around the body. Sudden Cardiac arrest is very rare in children however it is the leading cause of adult death in the UK.

In the event of a cardiac arrest, defibrillation can help save lives, but to be effective it must be delivered as part of the **chain of survival**. There are 4 stages to the chain of survival which must be carried out quickly to maximise the likelihood of a person surviving a cardiac arrest.

1. Early recognition and call for help. Dial 999 to call for an ambulance.
2. Early CPR – to create artificial circulation
3. Early defibrillation –to attempt to restore a normal heart rhythm and hence blood and oxygen circulation around the body.
4. Early post – resuscitation care – to stabilise the patient.

### Steps for use.

**When a person is found to be unconscious and not breathing normally**

- Call 999 for an ambulance
- Administer CPR until the AED is brought to the scene and is available for use – do not delay CPR. It is not recommended to administer CPR for a certain length of time before using the AED.
- This early CPR is vital and must only be interrupted when it is necessary for the AED to analyse the rhythm and deliver the shock
- As soon as the AED arrives switch it on

- Follow the voice prompts
- Attach the electrodes to the casualty's bare chest
- Ensure that nobody touches the casualty while the AED is analysing the heart's rhythm
- If a shock is indicated – ensure nobody touches the patient whilst the AED automatically deliver the shock
- If no shock is indicated, resume CPR immediately using a ratio of 30 compressions to 2 rescue breaths and continue as directed by the voice prompts. The AED will automatically continue to reanalyse the casualty's heart rhythm.
- Continue to follow the AED prompts until qualified help arrives and takes over responsibility or the casualty starts showing signs of regaining consciousness (eg coughing, opening eyes, moving purposefully and starts to breathe normally) or you become exhausted

#### **Placement of AED pads**

- Place one AED pad to the right of the sternum (breast bone), below the clavicle and the other pad in the left mid-axillary line. Ensure pads are clear of any breast tissue
- A picture of their correct placement is shown on the pads themselves – you must ensure though that one pad is lower than the other
- If positions are reversed it does not matter as removing them to replace correctly will waste time and may not adhere to skin when re-attached
- The casualty's chest must be sufficiently exposed to enable correct pad placement – it may be necessary to shave a person's chest if excessively hairy. This will ensure the shock delivered is effective. Razors can be found in packs with the AED.

#### **Defibrillation if victim is wet**

- As long as there is no direct contact between the user and the casualty when the shock is delivered, there is no direct pathway that the electricity can take that would cause the user to experience a shock.
- Try to dry the casualty's chest so that the adhesive AED pads will stick – towels for drying can be found in the pack in the AED.
- If the casualty is in the water – lift the casualty out on to the side before attempting to use the defibrillator

#### **Children**

- Standard AED pads are suitable for use in children over the age of 8.
- In children younger than 8 years , adult pads can be used by placing one on the front of the chest and by placing one the child's back
- The use of an AED is not recommended in children aged less than 1 year.
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#### **Maintenance**

Modern AEDs undertake regular self tests and if a problem is detected, will indicate this by means of a warning light on the machine. AEDs do not normally require regular servicing. It is the responsibility of the school nurse to

- Check and record on a weekly basis if any warning lights are visible and take the necessary remedial actions as per the manufacturer's guidelines.
- check the condition of the cabinet housing the AED the door and the alarm of same that they are functioning correctly
- Update and review this policy on a regular basis

## SOP: Infectious diseases identification and action plan

**Purpose:** The purpose of this SOP is to create an action plan in the event of an infectious disease outbreak. This plan is for school use only. As each case is different, this SOP is a guideline only. This SOP will be superseded by any government or ministry directives.

**Scope:** This policy applies to all members of the school community including learners, staff, parents, external providers, and contractors.

### Procedure Statement:

In the event of an infectious disease outbreak in our area, the school must take the necessary precautions to mitigate the impact on the staff, learners, and parents. Proper communication, hygiene, and cleaning regimens must be strictly adhered to. This SOP works in conjunction with “Nadeen School Hygiene and Infection Control Policy”.

### Steps to follow:

#### 1. Level 1: Virus Awareness / Virus Identified

- a. Once a virus has been identified, the school must start researching and identifying the necessary precautions to combat the spread.
  - i. How is the virus transmitted?
  - ii. What are the immediate symptoms to look for?
  - iii. Is there an incubation period after contraction?
  - iv. What is the expected recovery time?
  - v. How long does an infected person stay communicable?
  - vi. What should we look for from a person that has recovered?

- b. Communication should go out to all concerned parties (staff, learners, parents) on what the school has identified, what to look for, and how they can protect themselves. The school's position on the current status should also be included.
- c. The school will continue with regular cleaning schedules as per our hygiene policy (ref. below) and school cleaning scope of work.
- d. The ELT will begin identifying contingency plans for possible outcomes.

**2. Level 2: Virus Outbreak in Bahrain (1<sup>st</sup> identified case)**

- a. Based on the identified requirements to combat the virus, the school will perform regular disinfecting cleanings of the school as per the hygiene policy in conjunction with the regular cleaning schedule.
- b. Communication should go out to all concerned parties of the relevant safety precautions. All staff must be made aware of what symptoms to look for in an infected person.
- c. Staff must notify the ELT and Operations immediately if any person is exhibiting signs or symptoms of the virus.
- d. The school will monitor all available traffic of identified cases in the area.
- e. The ELT will confirm an action plan in the event of further spreading and the required actions because of that.

**3. Level 3: Severe Outbreak in Bahrain**

- a. The ELT must determine the school's threat level and the potential of any infected persons.
  - i. If any persons from the school have been identified, the school must notify everyone that has been in contact with that person for testing.
- b. The school will move to doing daily disinfecting cleans of the school as per the hygiene policy.
  - i. The frequency of the regular cleaning schedule will be increased throughout the day.
- c. The ELT will have a short term, medium term, and long-term action plan ready regarding any potential school closing.
- d. Precautionary measures will be put into place/action regarding entry to the school.
  - i. These measures will be determined by the virus and the expected symptoms.
- e. The ELT will review the school schedule and adjust as necessary. This will include (but not limited to) reviewing play times, assembly times, or any scheduled events where large numbers of people will congregate.
- f. Communication must go out to all concerned parties regarding the latest status of the spreading virus, its proximity to the school, what measures the school is taking to mitigate risk, what precautions need to be taken, and what we will be doing next.



#### **4. Level 4: School Closure**

- a. If the school must be closed (whether by ELT decision, or by mandate), the school must determine:
  - i. Is the closure for learners only, or staff as well?
  - ii. What is the expected length of closure?
  - iii. Who, if any, can be on site (site essential personnel)?
- b. The required security protocols will be put into place to control who can enter the facility.
- c. The ELT's action plan will be enacted. This will determine the school's approach during the closure with regards to continuing education (virtual learning vs. make up days).
- d. The school will monitor and communicate with the appropriate government agencies regarding the closure and the length thereof.
- e. Communication must go out to all concerned parties regarding the school's closure, the action plan, necessary safety precautions, continued learning, and the school's expectations.

**Approved by:** James Batts

**Date:** August 2024

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