Health Plan
School Medical/emergency polices & Procedures

THE SCHOOL CLINIC AND THE MEDICAL TEAM

Highlands school of Egypt is honored in continuous effort to uphold the excellence of the Guidelines and Policies of the Egyptian Ministry of Health. The school has one full time doctor and one full time nurses.

THE DOCTOR

The doctor is duly licensed from the competent authorities, and the duties as per the Egyptian Ministry of Health should be as follows:

DUTIES:

1. Complete check-up of the students when joining the school.

2. Cooperate with the competent medical authority in coordinating the vaccination of the students against contagious diseases.

3. Prepare a standing Medication order

4. Conduct the routine check- up as per EMH standard

5. Conduct the health education for the students to meet the learning needs (e.g. topics on: personal hygiene, proper nutrition, accident prevention, etc.)

THE NURSE

School nurse shall hold an EMH license as registered nurse and should possess at least 1-year experience of working with children in a school or pediatric setting. There shall be one full time School Nurse per every 1000 students. Highlands School of Egypt has 1 full time nurse.

RESPONSIBILITIES:

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

b.) Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition in the school clinic

c.) Assess needs of students (examine/ observe/ measure vital signs) who require first aid care and administer appropriate care.

d.) Refer to the School Doctor for advice when needed.
e.) Inform parents, through the school authorities, about the student's condition.

f.) Transfer the student to the Accident/Emergency of the nearest hospital as per the standard procedure in cases required.

g.) Provide privacy to the student during medical examination.

h.) Monitors students who are frequently absent from school due to health related problems.

I.) Coordinate with classroom teachers to:

1. Observe and report student with unhealthy practices.

2. Refer promptly student who are showing signs of visual, hearing and learning difficulties.

3. Refer student with fever, rashes or unusual behavior.

4. Report presence of potential hazards in the classroom.

5. Motivate student to enhance healthy practices.

6. Report sanitary and safe environment deficits to the school administration.

j.) Measure height and weight of students and calculate BMI on an annual basis for all students.

k.) Refer to the school health doctor, students whose growth and development measurement show deviations from normal.

l.) Plan the immunization schedule of every grade as per guidelines in immunization and conduct immunization under the supervision of the school health doctor.

ORIENTATION OF NEW HIRE- SCHOOL NURSE

Highland school of Egypt Management provides training and orientation to all newly hired personnel regarding the School Policies and Government Policies dealing with roles and obligations of Employees.

In the School Clinic orientation, this procedure follows:

a) When a new nurse commences in the clinic it is ideal there be a two week – 1-month handover period.

b) Outgoing staff or current staffs are to train the new hire.

c) For the first week new staffs are to review policies, EMH clinic regulations and guidelines to ensure they have a firm knowledge base prior to treating students.

d) Support will be provided from the other staff of the school clinic, HR, the bursar and the school principal as needed.

THE POLICIES AND PROCEDURES

1. STUDENT HEALTH EXAMINATION AND SCREENING POLICY

In accordance with the guidelines of EMH Authority, the school is required to perform Medical Examinations to the following:

1. All new students
2. Play school to grade 5 students

Annual Growth Screening and BMI are required to be taken annually to all the students from play school to grade 5.

a.) The school notifies the parents prior to the medical examination through the medical authorization form.

b.) Parents who prefer to avail the examination from their family doctor are requested to provide a medical examination report which will be attached to the student's medical file.

c.) The welfare and safety of the children are the outmost priority and they are supervised by the school nurse at all times during examination.

d.) Parents are informed to any abnormalities seen during examination and referral is made accordingly.

2. ACCIDENT PREVENTION AND SAFETY.

The school will provide as far as is practical a safe and healthy environment. All reasonable steps will be taken to ensure that:

a) The premises are kept safe and clean to prevent risk to all users.

b) The equipment is safe and manufactures' instructions for use are followed.

c) Staffs are instructed in all matters of health and safety.

d) All cuts, bumps and falls as well as other more serious accidents are recorded in a clinic log kept with the nurse in the clinic.

e) Incident forms are to be completed for incidents and accidents

SAFETY CHECKLIST

a) The school nurse, with the school Facility Manager, will complete a monthly inspection to ensure safety and report all problems in the following areas:

b) Inspect the grounds for safety hazards:

1. Wooden fences and benches are free of splinters.
2. Drains closed and lids in good condition.
3. Toy boxes are dry, no insects or water inside.
4. Insect's nests.
5. Bins with lids and are emptied regularly.
6. Climbing frames and all toy structures are secure.

c) Inspect the school for obvious safety hazards:

1. Electrical points, sockets, plugs, fuse box.
2. Fire exits are free of obstruction. Doorways, stairs and steps are safe and accessible.
3. Equipment is safe and in good condition.
4. Nontoxic materials are used, glue, paint, etc.
5. Poisonous cleaning agents are safely stored and not accessible by students.
6. Broken or damaged items, toys, kitchen, etc. are to be repaired or disposed of.
7. General cleanliness of the school is maintained.

3. FIRST AIDS AND MEDICAL EMERGENCIES.

3.1 FIRST AIDS

1. Minor injuries are treated in the clinic with appropriate first aids.
2. A call is made to parents if it considers necessary for the student's condition.
3. Proper documentation of incident and treatment administered are completed in the clinic log.

The clinic log is used to record all health issues. It is recorded in promptly as soon as any issue is dealt with.

The important details to be recorded are:

a) The name of the student.

b) The class they are assigned to.

c) The date, time.

d) The circumstances of the incident

e) A description of any injury sustained.

f) The treatment administered.

FIRST AID KITS

The School Nurse will regularly check the first aid kits in assigned areas (e.g. Biology laboratory, Chemistry laboratory) and will add new supplies when needed.

Activities and trips outside school premises:

First Aid Kits will be checked out and returned back in and must be in good condition.

3.2 HEAD INJURY

If a child sustained a head injury while at school, parents will be informed through telephone, and will be advised to take the necessary precautions following the injury (e.g. Vomiting, dizziness). Proper documentation of incident will be implemented.

3.3 DISCHARGED HOME.

If a student is required to go home for medical reasons, the nurse will:
a) Contact the parents/ guardian and request that they collect the student.

b) No student can go without adult supervision.

c) No student will go home in a taxi unaccompanied.

d) The nurse will inform the appropriate teachers.

3.4 P.E. EXCUSE NOTE.

A note will be sent with the student, to give to their P.E. teacher, if the nurse deems it necessary.

4. PARENT NOTIFICATION

Parents will be informed verbally by phone, this gives parents advice of any occurrence that requires follow up or monitoring and to inform them of any medication administered.

5. ALLERGIES

The nurse will organize a school allergy list that will be given to the teaching staff, admin staff and supervisors; it will include specific information about their allergy and symptoms.

5.1 LIFE THREATENING ALLERGIES

a) While it is impossible to create a totally risk-free environment, school staff and parents will take every precaution to minimize potentially fatal allergic reactions.

b) An emergency response treatment protocol will be completed for all students with life threatening allergies. A copy will be given to the parent/ guardian. The protocol will be reviewed annually to ensure that it is still current.

c) The Parents are requested to provide an Individual Health Care Plan from their doctor and will be attached to the child's file.

Individual Heath Care Plan will include:

1. A plan for transport to the nearest emergency facility.
2. Telephone number for parents and alternate emergency contacts.
3. Students' photo.
4. Specific information about the student's allergy.
5. Authorization and direction for administering emergency medications.
6. Treatment protocol form will include parental authorization for emergency protocol.
7. Emergency medication will be stored, in a location which is known to all staff e.g. Epi-pens.

Epi-Pens are only designed to give you a grace period to seek medical help. From the time of injection, you have 15 minutes to get an ambulance or get to an emergency facility.

5.2 SAFE CLASSROOM MANAGEMENT FOR CHILDREN WITH ALLERGIES

a.) Students with allergies must only eat the food they bring from home.

b.) Trading and sharing food is not permitted.

c.) Students are reminded not to share cups and straws.
d.) Hand washing is required before and after eating.

e.) Desk and other eating surfaces are kept clean after food.

f.) Information regarding the students' allergies is kept in the file of each staff members privately.

6. ACCIDENT AND MEDICAL EMERGENCIES.

6.1 ACCIDENTS THAT DO NOT REQUIRE HOSPITAL TRANSFER

In the event a student is involved in an accident or incident that requires more than basic first aid intervention the following steps should be followed:

a) The first responder will assess and stabilize the student.

b) The second responder will contact the nurse and will call administration if emergency services are required.

b) If possible, move the student to a quiet area, once assessed by the nurse.

c) Instruct the teachers to reassure the other students.

d) The student must be kept under adult supervision until recovered or in the care of an appropriate medical serviced, the emergency treatment response protocol form will need to be filled in and sent with the student.

e) Parents or guardians are to be contacted.

f) The appointed staff member will stay with the student until the parent/ guardian arrives.

g) All accidents and emergencies are documented in the clinic login the nurses' clinic.

6.2 EMERGENCIES THAT REQUIRE HOSPITAL TRANSFER

As per the EMH policy, in the event of an emergency when a student needs transfer to a hospital, the following procedure is followed:

a) The School Administration should inform parents of the student, and arrange for an ambulance on 123 and the child will be transferred to Soad Kafafi hospital .

b) If the school has two nurses, one nurse should escort the child in the ambulance to the hospital.

c) If the school has only one nurse, the school Administration should arrange a staff member to escort the child in the ambulance to the hospital.

d) If a student needs to be transferred to an emergency facility and no ambulance is available the school nurse, plus a designated driver will transfer the student to the hospital.

6.3 EMERGENCY SERVICE.

The following information needs to be brought to the hospital with the child

a.) The student's name, age, address and telephone number.

b.) The parents/ guardian's name address and telephone number.

c.) Any known allergies and any relevant medical history.

d.) Date, if possible, of last tetanus immunization.
e.) An accurate account of the accident.

f.) Details of any medication and first aid administered in the school.

7. MEDICATION GUIDELINES

7.1 STORAGE RECOMMENDATIONS

a) All school medications and those brought to school by students will be kept in the school clinic in a locked cupboard or locked refrigerator.

b) As per the EMH School Health, all medication required by students in school, must be accompanied by a doctor's prescription.

b) The cupboard will be locked at all times and the keys will be kept out of students' reach.

c) A list of all medications and their expiry dates will be kept in the cupboard.

d) Epi-Pens are to be stored in a dark place at room temperature. Each Pen will be clearly labeled with the student's name and expiry date.

e) The refrigerator temperature will be kept between 2 and 8. Degrees Celsius, medication requiring this temperature will be stored there e.g. insulin.

F) The medications purchase order are made by the end of May and to be received by the beginning of September, however the purchase order can be made out several times throughout the year according to the clinic needs.

7.2 WRITTEN REQUEST

a) The parent / guardian must complete a Medication Authorization Form prior to administration of any medication within the school, and must be accompanied by doctor's prescription.

b) A new request form must be completed for any change in the original request.

c) A medication request form is valid for the current school year and must be renewed at the beginning of each year.

d) Requests forms will be maintained by the school nurse and kept in the student's medical file.

7.3 MEDICATION CONTAINER AND LABELS

a) Medications, prescribed and non-prescribed, must be in the original, properly labeled container.

b) All open medications will contain a label stating the date of opening.

c) A new label is required for any dose change.

7.4 ADMINISTRATION

a.) The 10 R's of drug administration will be used at all times when administering medications i.e. right person, right medication, right time, right dose, right route, right documentation, right reason, right to refuse, right client education and right assessment.

b.) Prescribed and non-prescribed medications required by students should be administered at home wherever possible. Parents are encouraged to set medication times to outside of school hours.

c.) Where home administration is not possible, the school nurse may administer medication in accordance with the school guidelines.

d.) The school nurse, or trained staff member designated by the nurse, may administer an epi-pen or asthma inhaler if necessary e.g. on school trips if the nurse is not present.

e.) Volunteers and on call staff may not administer medications.

f.) The school nurse will not administer expired medications.

g.) Medication will not be administered in a dose that exceeds the recommended maximum dosage.

h.) Parents or guardians must pick up all medications after they are discontinued.

i.) Non- traditional forms of medication e.g. herbal or home remedies will not be administered in the school (as dosage and action cannot be determined).

j.) All school supplied medication will be signed for by the school doctor, this includes oxygen.

7.5 EMERGENCY MEDICATIONS

Children with special medications that require medicines to be kept in the clinic are asked to obtain an Individual Health Care Plan and a prescription from their doctor. This will be attached to their file for continuity of care and safety.

8. LOST AND FOUND

a.) The school is not responsible for any lost items that are left unattended. However, a "Lost & Found" area will be provided.

b.) All items that have been found and are clearly labeled are returned to their rightful owner immediately. All other basic items (caps, water bottles, etc.) are left for students to claim.

c.) Anything of great value is labeled with the date found on it, and is handed into the office. Students need to claim it from the office and staff will ask for distinguishing description to verify the ownership of the found items.

9. HEALTH RECORD MANAGEMENT AND RETENTION

Student Medical Records:

9.1 A legible, complete, comprehensive, and accurate student medical record is maintained for each student.

9.2 Records and highlight allergies and untoward drug reactions.

9.3 The clinic maintains an Immunization record of all targeted students and prescribes and administers immunization in case applicable as per the EMH guideline

9.4 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.

9.5 Records should be organized in a consistent manner that facilitates continuity of care.

9.6 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.

9.7 The school health doctor or when designated, the nurse is responsible for the complete, cumulative school health record for each student as follows:

a) Visits are recorded at the clinic log.

b) Visits are then recorded on the students file on the computer.

9.8 The record is stored in a filing cabinet with locks and conveniently accessible.

9.9 Whenever a student transfers to another school at any Grade, a copy of the complete, cumulative school health record is 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.

9.10 The health record is 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.

9.11 Health records include information regarding but not limited to:

a.) Health history, including chronic conditions and treatment plan.

b.) Screening results and necessary follow-up.

9.12 Immunization status and certification.

a.) Health examination reports.

b.) Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care.

c.) 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.

d.) Documentation of any nursing assessments completed.

e.) 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.

9.13 Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:

a.) Secure records at all times, including confidentiality safeguards for electronic records.

b.) Establish, document and enforce protocols and procedures consistent with the confidentiality requirements.

10. INFECTION PREVENTION AND CONTROL POLICY GUIDELINES

10.1 The school reserves the right not to admit any student onto the premises who appears to be suffering from an infections or contagious disease. A student who is unwell on arrival to school will be sent home to minimize the risk of cross infection.

10.2 Any student who has any of the following symptoms should be seen by a physician or remain at home until fully recovered.

a.) Fever (must not return to school for 24 hours after fever has resolved without medication).

b.) Diarrhea.

c.) Vomiting.

d.) Eye or ear discharge.

e.) Red eye.

f.) Rash of unknown origin.

g.) Ring worm.

h.) Known contagious infections.

10.3 The school guideline is that all students are symptom free, prior to returning to school.

10.4 Parents/guardians are required to contact the school if their child will be absent for a period of time.

10.5 Any parent requesting any medical or health information will be referred to the doctor.

10.6 If a student needs to be assessed by the doctor during the school day they must have permission from their class teacher to come to the clinic bringing with them a clinic pass.

10.7 Students who are to be sent home must be collected. The school will not send the child home by bus.

Children diagnosed with communicable disease may come back to school provided they are symptom free and have medical certificate given after a follow up with the doctor and was checked by the doctor in the school clinic.

EMH list of communicable diseases are as follows but not limited to the following;

Disease Or Condition	Incubation Period	(Approximately) Exclusion of Cases	Exclusion of Contacts
Chicken pox From two to three weeks;	usually 13-17 days	Exclude from school until vesicles become dry, or 10 days from Appearance of rash.	Not excluded
Conjunctivitis		Until discharge from eyes has ceased	Not excluded
Diphtheria	Two to five days	Until cultures are negative, until receipt of a medical certificate of recovery from Infection.	Domiciliary contacts excluded until investigated by medial officer and shown to be clear of infection
Giardiasis (diarrhea)	One to three weeks or longer; or average 7 to 10days	Until diarrhea ceases	Not excluded
Hepatitis A	Fifteen to fifty days; the average twenty eight to thirty days		
Hepatitis B	Sixty to ninety days; the range is forty five to one hundred eighty days		
Impetigo (School sores)	Varies		

Exclude from school or work for one week after the onset of illness or Jaundice. Until receipt of a medical certificate of recovery from infection or on subsidence of Symptoms.	Not excluded		
Until recovered from acute attack	Not excluded		
Until sores have fully Healed. The child may be allowed to return earlier provided that appropriate treatment has commenced, and that sores on exposed surfaces (such as scalp, face, hands or legs) are properly covered with oc	Not excluded		
Measles (Rubella)	Approximately ten days, but varies from seven to ten days and may be as long as fourteen days	Until at least five days from the appearance of rash, or until receipt of medical certificate of recovery from infection.	Non-immunized contacts must be excluded for thirteen days from the first day of appearance of rash in the last case unless immunized within 72

Meningococcal Infection	Commonly three to four days, but can vary from two to ten days	Until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from school or child care until they have received appropriate chemotherapy for at Least 48 hours.
Meningococcal Infection	Commonly three to four days, but can vary from two to ten days	Until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from school or child care until they have received appropriate chemotherapy for at Least 48 hours.
Mumps	Twelve to twenty five days; commonly eighteen days	Exclusion from school, child care or workplace until nine days after the onset Of swelling. Until fully Recovered.	Not excluded
Pediculosis (Head lice)		Until appropriate treatment has Commenced.	Not excluded
Pertussis (Whooping cough)	It is commonly seven to ten days; rarely more than Fourteen days.	Until two weeks after the onset of illness and until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from attending a children's services center for twenty one days after last exposure to

infection if the contacts have not previously had whooping cough or immunization against Whooping cough.

Poliomyelitis / Acute Flaccid Paralysis (AFP)	Seven to fourteen days; the range is three to thirty five days for paralytic cases	Exclude from schools and children's settings until at least fourteen days after onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded
Rubella (German Measles)	Sixteen to eighteen days	Exclude from school for at least five days after onset of the rash	Not excluded
Scabies	Two to six weeks before itching occurs in a person not previously infected If a person is re-exposed it is one to four Days.	Until appropriate treatment has Commenced.	Not excluded
Shigellosis (Diarrhea)	From twelve hours to four days (usually one to three days)	Until diarrhea ceases	Not excluded

Streptococcal infection including Scarlet Fever	One to three days	Exclude from schools and children's settings until a medical certificate of recovery from infection has been obtained	Not excluded
Trachoma	Varies	Until appropriate treatment has Commenced.	Not excluded
Tuberculosis	From infection to the primary lesion or significant tuberculin reaction; about four to twelve Weeks.	Until receipt of a medical certificate from a health officer of the Department that child is not considered to be Infectious.	Not excluded
Typhoid Fevers	One to three weeks (depending on the infective dose from three days to three months)	Until receipt of a medical certificate of recovery from Infection.	Not excluded unless the medical officer of a health of the Department considers exclusion to be Necessary.

11. HEAD LICE POLICY

Whilst parents have the primary responsibility for the detection and treatment of head lice we work in a cooperative and collaborative manner to assist to manage head lice effectively.

a.) Routine lice checks are done by the school nurse every month according to schedule. However, if a case of suspected head lice is reported to the school nurse a head inspection is carried out.
b.) If the teacher suspect, the nurse should check and the doctor if available should confirm

c.) Head lice and nits can be visible with the naked eye, It's recommended to use the conditioner/fine toothed combing detection method, although use of a magnifying lens may be necessary to find crawling lice or to identify a developing nymph inside a viable nit. Nits are often confused with other particles found in hair such as dandruff, hair spray droplets, and dirt particles.

d.) Only exclude children from school with live lice.

e.) No need to send kids who were infested immediately home from school

f.) Send kids home at the end of the day with a note if a school nurse discovers lice

g.) Children found to have nits are allowed to come to school

h.) Children are allowed back in school with nits provided they've been treated with a medicated shampoo to remove lice

i.) Repeat treatment one week after the first shampoo to ensure that any bugs that hatch from the eggs — which treatments don't destroy — will be eradicated

j.) Children with adult lice should be asked to stay at home for 3 days to receive treatment before they return to school

k.) If a parent opts out of allowing the nurse to examine their child, they must however collect the child as requested and have the child examined by another medical practitioner.

l.) The child can return to school once a medical note is provided from a doctor stating that the child is now clear of live head lice.

m.) To support parents/guardians to achieve a consistent, collaborative approach to head lice management, the school will undertake to:

1. Distribute up to date and accurate information on the detection, treatment and control of head lice to parents and staffs as requested.

2. Include information and updates in school newsletters.

12. IMMUNIZATION

Students should be prepared for vaccination with consideration for their age and stage of development. Parents/guardians and patients should be encouraged to take an active role before, during and after the administration of vaccines

Screening

All patients should be screened for contraindications and precautions for each scheduled vaccine.

Inspecting vaccine

Each vaccine vial should be carefully inspected for damage or contamination prior to use. The expiration date printed on the vial or box should be checked. Vaccine can be used through the last day of the month indicated by the expiration date unless otherwise stated on the package labeling.
Expired vaccine should never be used.

Reconstitution

Some vaccines are prepared in a lyophilized form that requires reconstitution, which should be done according to manufacturer guidelines. Diluent solutions vary; use only the specific diluent supplied for the vaccine. Once reconstituted, the vaccine must be either administered within the time guidelines provided by the manufacturer or discarded. Changing the needle after reconstitution of the vaccine is not necessary unless the needle has become contaminated or bent. Prefilling syringes

Filling

Filling syringes in advance is strongly discouraged, because of the increased risk of administration errors, and possible contamination in vaccines that do not contain a preservative. Syringes other than those filled by the manufacturer are designed for immediate administration, not for vaccine storage. Only in certain circumstances, such as a busy school clinic, more than one syringe can be filled. One person should prefill only a few syringes at a time, and the same person should administer them. Any syringes left at the end of the clinic day should be discarded.

Under no circumstances should MMR, varicella, or zoster vaccines ever be reconstituted and drawn prior to the immediate need for them. These live virus vaccines are unstable and beg into deteriorate as soon as they are reconstituted with diluent.

Labeling

Once a vaccine is drawn into a syringe, the content should be indicated on the syringe. There are a variety of methods for identifying or labeling syringes (e.g. keep syringes with the appropriate vaccine vials, place the syringes in a labeled partitioned tray or use color coded labels or (preprinted labels)

IMPLEMENTATION OF VACCINATION PROGRAM

a) The Medical Team will plan at the beginning of the year for the campaign and an annual estimated vaccine according to target population is sent to nurse.

b.) Immunization Program Information will be sent to parents through the School Parent Communicator along with the Principal's letter.

b) Parents who are willing to avail the vaccination shall complete the consent form.

c.) The nurse will report the number of vaccines needed to the school health program in EMH.

d.) All safety procedures and precautions shall be followed during the vaccination.

e.) A notification form is sent to the parents after the child received the vaccination, indicating the vaccination received by the child.

f.) Remaining vaccinations are stored in an appropriate temperature and are returned to SHP in the afternoon.

Vaccines are only to be given in the following circumstances:

a.) Consent form is fully completed, signed by parent and dated

b.) Student does not have any allergies or contraindications to the vaccine

c.) Student requires a dose of the specified vaccine should any of the above not be completed, the vaccine will not be administered:

d.) Emergency/ Anaphylaxis kit should be available during all vaccine campaigns

e.) Adverse reaction forms should be available in the instance of a reaction. Students are to be monitored in the clinic for up to 15 minutes after administration of the vaccine to monitor for any adverse reactions.

13. DIABETIC CARE MANAGEMENT AND GLUCAGON ADMINISTRATION

Egyptian ministry of health requires schools to take specific actions to ensure that the students with diabetes are able to manage their disease while at school and to ensure the health and safety of the student and the school community.

Purpose

Diabetes requires management 24 hours a day. Students with diabetes must balance food, medications, and physical activity while at school.

School nurses coordinate care and educate school staff to provide a safe, therapeutic environment for students with diabetes.

Goal

•All school staff members should have to know whom to contact for help.

As EMH Requires:

a.) The nurse requests for an Individualized Health Care Plan and Emergency Health Care plan from parents duly completed by the child's attending physician.

b.) Annual written authorization for the provision of care.

c.) Authorization for release and sharing of certain medical information. Serves as conduit for sharing of medical information and communications with parents.

d.) Develops and updates the student s Individualized Health Care Plan

The Individualized Health Care Plan must include:

•Symptoms of hypoglycemia for that student and recommended treatment.

•Symptoms of hyperglycemia for that student and recommended treatment.

•Frequency of glucose testing.

•Insulin and glucagon orders

ADMINISTRATION OF GLUCAGON

a.) School doctor has primary responsibility for emergency administration of glucagon.

It will be administered only with parent's permission if the student passes out, loses consciousness and does not regain it or has a seizure. The student is to then be transferred to the nearest emergency center for further assessment.

Students with diabetes may need

•Unlimited access to water such as use of water bottle in the classroom.

•Unrestricted access to bathrooms

•Access to food given by parents on a regular schedule

School should

•Not deny the student access to food

•Consider food and exercise issues when scheduling physical education, recess or dance classes

•Notify parents well in advance of field trips and school activities.

•Develop policies to serve only healthy foods at school functions and activities

•Develop procedures to address the needs of students with diabetes during emergency evacuations or lock-downs including access to medication, food, and emergency care
Accommodations for Self-Management

•The school doctor, parents/guardian and the student should consult to determine the most appropriate location for glucose checks and insulin administration should consider;

a.) The age and developmental level of student

b.) Privacy concerns

c.) The length of time since diagnosis

d.) The child's capacity to implement procedures, including cleanup and disposal of medical waste, in a consistent, correct and safe manner and in accordance with district blood borne pathogens protocols.

14. MEDICAL HAZARDOUS AND WASTE MANAGEMENT

Obligations of HSE

• HSE shall use the sharp containers for medical waste only.

• HSE shall be responsible for notification of fines resulting from incorrect waste being placed in the bins.

Obligations of the Nurse in the Clinic

1. Makes Sure that waste bin is labeled and proper waste disposal is observed.

2. Sharp safe container shall be kept above ground level and should be for disposal after 3months or when it is 2/3 filled.

3. Sharp container must be properly labeled with the name of the school, section, expiry date, staff no. and signature after closing it permanently. As per EMH policy sharps includes; hypodermic needles, IV stylettes, scalpels, blade, scissors, lancets, pasture pipettes, capillary tubing, microscopic slides, bone and teeth.

4. Medical wasted bags are removed daily from place of generation

Needle Stick Injury

Needle stick injury is a recurrent episode in the health care setting and may be a route of transmission to many blood borne diseases. It is important that the nurses adhere to the no recapping policy to prevent this incidence from happening.

In the event of needle stick injury, immediate intervention should be done as per CDC

1. Wash needle sticks and cuts with soap and water

2. Flush splashes to the nose, mouth, or skin with water

3. Irrigate eyes with clean water, saline, or sterile irrigants

4. Report the incident to the Medical Director and Principal

5. Immediately seek medical treatment

Both concerned individual should be tested immediately to find definitive current health condition.
A follow up test will be advised if resulted negative to communicable disease to the first test.

15. OUTDOOR HEAT EXPOSURE

In conjunction with the nurses, primary head and primary key leaders, when the heat index reaches 40 degrees Celsius. Primary children will remain indoors for the lunchtime break; secondary students will have indoor physical education (PE).