



United Arab Emirates
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دولة الإمارات العربية المتحدة
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MISSION: "TO EDUCATE THE STUDENTS IN A HIGHLY PRODUCTIVE AND SAFE ENVIRONMENT EMBEDDED IN NATIONAL AND INTERNATIONAL VALUES AND SKILLS"

VISION: "INNOVATIVE EDUCATION TO PRODUCE WORLD-CLASS, GLOBAL CITIZENS"

PAKISTAN HIGHER SECONDARY SCHOOL RAS AL-KHAIMAH

[SCHOOL HEALTH POLICY]

Policy name	SCHOOL HEALTH POLICY				
Approval Authority	Principal	Date of Issue	March 2025	Reviewed	March 2026
Responsible Personnel	SCHOOL NURSE				
Responsible Office	SLT & MLT	Available	School Website, Principal's office		



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SCHOOL HEALTH POLICY

1. RATIONALE.

Pakistan Higher Secondary School RAK is committed to making efforts for the good health of the students, staff and parents as it is vital to shape and protect the health and well-being of our school community

We are aware that a comprehensive school health program will ensure the health of children as well as impact positively the communities around schools.

PHSS, RAK is therefore committed to ensuring the provision of basic facilities and inputs that will help in the achievement of better health for school children by collaborating and networking with other stakeholders interested in the health of children.

The school is mindful of the need to keep a balance between academic and health goals and this policy aims to address and provide guidance on this balance, identifying individual and group responsibilities.

This document is influenced by the rules and regulations of MOH, MOE and, Health and Safety recommendations.

2. PURPOSE

The purpose of this policy is to ensure, as far as is reasonably practical, that:

- To integrate health and its importance in the curriculum
- To promote the importance of physical health, mental health and well-being among students, staff and parents.
- To promote the teaching of positive values and life skills;
- To enhance child rights and protection in schools;
- To promote good nutritional status of school children;
- To promote disease prevention and control;
- To promote hygiene, sanitation, and use of safe water;
- To provide a conducive, fully accessible, and inclusive environment for learners with special needs and disability;
- To promote identification of learners with special needs requiring rehabilitation;



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- To develop safe, healthy environments and school infrastructure that are conducive to learning;
- To strengthen coordination of school health interventions by relevant Ministries, communities, and other stakeholders;
- To ensure mechanisms are put in place for the sustainability of school health programs;
- To facilitate effective monitoring and evaluation of school health programs.

3: GUIDING PRINCIPLES

3.1: Access to Health and Nutritional Services

Every child has a right to quality health and nutrition services. We look forward to being the tool for achieving this goal in partnership with the communities in and out of school. Access to health and nutrition services shall be facilitated for vulnerable groups.

3.2: Access to Safe Water, Sanitation & Hygiene

Every child has a right to access safe drinking water and adequate sanitation. The provision of safe water and sanitation shall be complemented by appropriate hygiene promotion and education.

3.3: Access to Education

Every child has a right to quality education. Access to education will continue to be facilitated for vulnerable groups.

3.4: Non-discrimination

There shall be no discrimination based on sex, ethnicity, race, family and social status, religion, locality, political affiliation, disability or illness.

3.5: Access to Information

Every child shall have access to relevant health information, knowledge, and skills that are appropriate for their age, gender, culture, language, and context.

3.6: Equality

Every child shall have equal rights, opportunities, and responsibilities as any other child and shall be protected from all forms of discrimination.



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3.7: Privacy and Confidentiality

Every child has the right to privacy and confidentiality regarding their health. A child's health status and medical condition shall not be disclosed to other

3.8: Safety

At PHSS, RAK, we are committed to providing safe and accessible physical environments. We aim to minimize the risk of physical injury and disease transmission by ensuring that adequate safety measures are put in place. In addition to that we shall provide a healthy psychosocial environment. There shall be no tolerance for any kind of harassment, abuse, and other forms of juvenile exploitation.

3.9: Access to well-being services

Every child and staff can reach out to the designated wellbeing personnel to foster their emotional and psychological well-being

3.10: Partnerships

Effective partnerships shall be developed at all stages of planning and implementation of the School Health Programme.

3.11: Accessibility

At, PHSS RAK safeguarding the health of the students and making arrangements for all children of school age, including those with special needs and disabilities.

4: ROLES AND RESPONSIBILITIES

4.1: The Principal

- ❖ Arrange for an annual review and update of the policy.
- ❖ Provide appropriate resources from the school's budget to ensure that the implementation of the policy and the resources required can be acquired.
- ❖ Ensure that the school has a formal partnership for HPS at all levels, national and local level (i.e. a documented commitment to support and promote HPS, with clearly defined roles and responsibilities).
- ❖ Identify the training needs of the staff and pupils and ensure that all members of staff and pupils receive adequate and appropriate training and instruction in health awareness matters.
- ❖ Ensuring that students in the school acquire the knowledge they need to maintain a healthy lifestyle



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- ❖ Monitor the standards of health nutrition drives, and also adapt them as a part of the curriculum
- ❖ Encourage staff and others to promote healthy lifestyles.
- ❖ Planning of school health programme activities e.g. school health action days.

4.2: Responsibilities of vice principal

- ❖ Monitoring and evaluating the different roles played by the members.
- ❖ Initiating different strategies to promote health in school and communicating the same to the members of the team.
- ❖ Effectively communicate a vision of inclusion, ensuring the engagement of the entire school community
- ❖ Conduct a school-wide review of current practice to highlight examples of best practice to grow further, and to identify areas which require targeted improvement
- ❖ Develop and implement a comprehensive and strategic inclusive education improvement plan.
- ❖ Ensure that all staff receive the support they require so that inclusive approaches to teaching and learning are embedded within their practice
- ❖ Provide an annual programme of continued professional development for all staff at all levels across the school

4.3: The Leadership Team with the School Operations/health and safety manager and medical staff

- ❖ Promote high standards of health across the school.
- ❖ Coordination of all School Health stakeholders, bilateral and multilateral partners at the national level;
- ❖ Planning of school health programme activities e.g. school health action days
- ❖ Resource mobilization and utilization;
- ❖ Implementation of all aspects of the School Health Policy in schools;
- ❖ Supervision, monitoring and evaluation;
- ❖ Conducting pre-entry and routine screening;
- ❖ Dissemination of reports and school health information to parents and community;
- ❖ Facilitation of referral between school and health facility;

4.4: School Staff responsibilities

- ❖ All members of staff understand and fulfill their responsibilities to ensure a healthy learning environment.
- ❖ To be familiar with the health program policy and all safety regulations laid down by the school management and receive appropriate supervision, instruction, and training.



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- ❖ Take an active interest in promoting health and suggest ways to promote it better.

4.5: Responsibilities of the Inclusion Champion/school counselor

- ❖ Providing Student support services
- ❖ Encouraging students to express themselves freely and openly
- ❖ Promoting mental health support and helping students develop coping mechanisms for stress, anxiety, and other mental health issues.
- ❖ Drafting the Health policy
- ❖ Compilation of the SEF and SIP

4.6: Responsibilities of the counselor

- ❖ Promoting ideas and modelling practice that support the development of
- ❖ Follow-up on the new initiatives by the school inclusive attitudes and approaches
- ❖ Engaging thoughtfully with feedback from the community through positive relationships and well-developed interpersonal skills
- ❖ Sharing information with senior leaders
- ❖ Providing the motivation and support required for improvement over time.

4.7: Responsibilities of the Health And Safety Officer.

- ❖ Communicate the committee roles and initiatives with the stakeholders.
- ❖ Document all the minutes of the meeting.
- ❖ To ensure that the inventory of medical equipment and supplies, setting staff schedules, updating and maintaining patient records, and being an information resource for patients and healthcare workers
- ❖ Ordering medical supplies; managing the revenue cycle; and overseeing patient billing, claims, and reimbursement
- ❖ Management of the healthcare facility's policies and procedures, ensuring that best practices are followed, and resolving cases where the facility is out of compliance
- ❖ Finding innovative ways to optimize the level of healthcare while also reducing the facility's costs
- ❖ Develop departmental goals and objectives for workers to improve the patient experience



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4.8: The Responsibilities of Students

- ❖ Students following their age and aptitude are expected to:
- ❖ Exercise personal responsibility for the health of themselves and others
- ❖ Observe standards of dress consistent with health and/or hygiene
- ❖ Observe all the health rules of the school and in particular the instructions of staff given in an illness
- ❖ Use and not willfully misuse, neglect, or interfere with facilities or equipment provided for their health and safety.

4.9: The Responsibilities of the Parent

- ❖ Presenting parental perspective and insights on school health initiatives and policies.
- ❖ Communicating with other stakeholders about the Health committee and its initiatives.
- ❖ Help to review health-related curriculum programs and partnerships to ensure the alignment with the needs of the school community
- ❖ Supporting the committee in developing recommendations for improving school health and safety policies and practices.
- ❖ Serving as a liaison between parents and staff on health-related matters.
- ❖ Promoting Health programmes, resources, and events to the parent community.

4.10: Partnership with external organizations

A. CARE AND CURE MEDICAL CENTER.

4.11: AREAS OF RESPONSIBILITY

- ❖ First aid and the administration of medicine – School Nurse
- ❖ Hazard reporting – School compliance officer/Health and Safety Officer.
- ❖ Health Inspections – School Medical Team/ School compliance officer
- ❖ Medical Waste Management- School compliance officer
- ❖ Catering and nutritional standards – School compliance officer/Medical team
- ❖ Care And Support-School Counsellor(Well-being Champion)



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5: SCOPE OF THE POLICY

5.1: Infection control principles

5.1.1: Healthy Eating: A balanced diet is important for good health. A healthy varied diet can help maintain a healthy body weight, enhance general well-being, and reduce a number of diseases such as heart disease, stroke, cancer, diabetes, and osteoporosis. It is recognized that there is an important connection between a healthy diet and a pupil's ability to learn effectively and achieve high standards in school. PHSS,RAK realizes the need to promote healthy eating for every child. It recognizes the value of promoting healthy eating habits and the important role this plays in the prevention of illnesses therefore enabling children to achieve their full potential at school.

5.2: PHSS,RAK aims to provide an environment that supports a positive and healthy approach to eating practices.

We aim to create an awareness of the importance of healthy eating and the benefits it brings.

5.3: To ensure that pupils are well nourished and that every pupil has access to tasty, nutritious food and a safe, easily available supply of water.

5.4: Ensure that the consumption of food is an enjoyable and safe experience, which encourages the positive social interaction of pupils.

5.5: PHSS RAK informs parents of the Healthy Eating protocols when they enroll their child. This reflects the medical, ethical, allergenic, and religious requirements of pupils and staff.

5.6: Parents are advised to provide school snacks and lunches that contain sufficient nutrition to satisfy the child of one-third of his daily nutritional requirements.

5.7: Foods that are high in fat, salt, or sugar should be limited. This is aimed at preventing tooth decay and excess weight gain

5.8: Sweets, chocolates, crisps, sweetened cereal bars, and fizzy drinks are not encouraged within school and should not be included in packed lunch boxes.

5.9: There is an easily accessible water supply to all of the school community during the school day.

5.10: Teachers will ensure that water bottles are refilled regularly and that pupils have access to them throughout the day.



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5.11: In keeping with PHSS, RAK's policy of no nuts policy, nuts, or foods containing nuts are not allowed.

5.12: Children are asked not to share or swap food with their classmates. All school staff are encouraged to act as positive role models for children in all aspects of healthy eating.

5.13: PHSS, RAK will seek ongoing support from parents, and the school community for the Healthy Eating Policy and its implementation through newsletters, parent meetings, etc.

5.14: Our expectations:

- Parents will act as positive role models by supporting their children in making healthy choices within their diet.
- Parents recognize the value of promoting healthy eating and the important role and effect that this plays in their child's health and development.
- Parents will avoid including sweets, chocolates, crisps, sweetened cereal bars, and fizzy drinks in their child's lunch box.
- Parents will notify and provide the school with information regarding known food allergies that their child has.
- Parents will ensure that lunch boxes are washed thoroughly every day to maintain a safe hygienic environment for the storage of food.
- Parents will check that all food is within the 'best before' or 'use by' date.
- Parents, where possible, will ensure that lunches remain cool by providing ice packs or an equivalent cooling system within the packed lunch box.
- Children take responsibility for their nutrition and act as role models for other children.
- All pupils at Amity Sharjah will participate in a healthy eating educational programme.

MONITORING ARRANGEMENTS

Brief all staff on the Healthy Eating Policy. Include information on healthy eating and nutrition in newsletters and assemblies to promote healthy eating and nutrition. Notify all new staff and pupils of the Healthy Eating Policy.

6 : DIABETES MANAGEMENT

7.1: PHSS, RAK School recognizes the need to support students with diabetes to manage his/her diabetes successfully and continue to achieve more academically.

7.2: Effective communication between parents/guardians, the school nurse, and teachers is important to manage diabetes successfully.



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7.3: The policy will provide clear guidelines and procedures so that designated school personnel understand their roles and responsibilities fully.

7.4: Emergency plans will be accessible in case of hypoglycemia (low blood sugar reaction) or the suspected onset of hyperglycemia (high blood glucose). Children are taught that diabetes is self-managed and that treatment is individualized based on the particular child's needs.

7.5: Each child will have a separate Diabetes Management Plan to maintain a balance between insulin intake or production, food intake, and physical activity.

7. Accommodations for Self-Management

The school nurse, parents/guardian, and the student should consult to determine the most appropriate location for glucose checks and insulin administration.

Should consider the age and developmental level of the student, privacy concerns, the length of time since diagnosis, and the child's capacity to implement procedures, including cleanup and disposal of medical waste, in a consistent, correct, and safe manner and by district blood-borne pathogens protocols.

Social and emotional impact

PHSS RAK recognizes that diabetes care tasks set children apart from their peers. Efforts will be made to ensure that routine diabetes care does not make the child feel singled out or that they do not fit in.

7: SUN CARE

Dehydration and heat stress lead to poor performance in children resulting in them feeling unwell with symptoms of light-headedness, dizziness, and headache. With this in mind, Amity Sharjah realizes the need to protect pupil's skin and educate them about the effects of the sun, thus reducing the risk of skin damage and dehydration from exposure to the sun.

At PHSS RAK we aim to provide ongoing education that promotes personal responsibility for skin cancer prevention.

An environment that supports a positive approach and healthy practices to living in a sunny climate.

Create an awareness of the need to reschedule outdoor activities to support safe practices about sun exposure.

Ensure that all children attending our school are protected from the harmful effects of the sun throughout the year.

During Summer, the temperature on the field is measured to ensure it is safe for students to expose themselves.



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8: SCHOOL CLINIC POLICY

8.1: RATIONALE:

Pakistan higher secondary school recognizes the need for all staff, parents and students to be aware of the Clinic Policy. The health and safety of all the students who learn at our school are therefore of fundamental importance.

8.2: INTRODUCTION

The health and safety of students at Pakistan Higher Secondary School Ras Al-Khaimah is of paramount importance. The School Clinic is well staffed with a full-time registered nurse licensed by ministry of health and prevention. The Clinic team provides first aid to sick and injured students during School hours and during after School activities on the School Campus. The Clinic administers medicines and refers students for follow up with medical practitioners or to emergency services if needed. The clinic is well equipped and with first aid kits, a nebulizer and oxygen apparatus, which all help to provide appropriate medical first aid response. The school participates in health campaigns with the school nurse, giving regular health talks to students to promote healthy lifestyle. If the children are unwell at school, they will be cared for at the clinic until collected by a parent or a guardian.

8.3: PURPOSE

- To organize and manage the school clinic according to MINISTRY OF HEALTH AND PREVENTION directions and regulations.
- To safeguard the health and welfare of children.
- To maintain school students' medical files and records.
- To provide care for unwell and sick student during school hours, until collected by parents
- To provide first aid to injured students during school hours and referrals to emergency services if needed.
- To maintain infection control practices to ensure safe and healthy environment in school.
- To follow ministry of health guidelines about medical examination and record keeping of school students.
- To provide knowledge and information on health matters to students and school staff, Providing an overarching role as "health adviser" to school staff, parents and pupils.

8.4: SCOPE

The health and safety of students at Pakistan higher secondary School is of great importance. The school clinic is staffed with a fulltime nurse, registered and licensed with the Ministry of Health. school clinic promotes and provides health services to all enrolled students, staff as well as parents/guardians and visitors. These health services are in line with the health programs of ministry of health and prevention



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School Health Section. These programs focus on disease prevention, early case findings and referral for intervention. The services rendered are the following, but not limited to; consultations, first aid treatments of all injuries, provide care for those unwell and give referral if need arise for further evaluation and management. We endeavor to work in partnership with our parents to meet the aims set out in this policy and in the best interest of our students considered at all times.

8.5: PROCEDURES

8.5.1. STUDENT HEALTH EXAMINATION AND SCREENING POLICY

8.5.1.1. MEDICAL FORMS

- Prior to child's admission to the school, parents will be required to complete a medical form available in the admissions pack.
- It is important that the school is made aware of any medical condition that your child has or if they are receiving any medication/treatment.
- Attach any supporting medical reports to the student's file.
- Parents are required to update the clinic of any change in their child's medical/surgical history or any recent allergies discovered and of any change in their contact details.

In accordance with the regulations of the MINISTRY OF HEALTH AND PREVENTION (MOH) all schools are required to conduct medical examinations of the following students:

- All new students
- All year 5 students
- All year 9 students
- All students leaving the school

8.5.1. 2. Annual Growth Screening:

- Height, Weight and BMI is required to be taken annually to all the students.
- Parental consent is taken at the time of admission.
- The welfare and safety of the children are the utmost priority, and they are always supervised by the school nurse during medical examination.
- 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.



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8.5.2. STUDENTS' RECORDS:

Students' Personal Records are prepared in accordance with MOH requirements, and handled confidentially at all times.

Health records include information regarding but not limited to:

- a.) Health history, including chronic conditions.
- b.) Screening results and necessary follow-up.
- c.) Immunization status and certification
- d.) Health examination reports.
- e.) doctor /nurses notes
- f.) attach all related forms, consent, medical reports, etc. at the back of the student health file

A personal file is regularly updated for each student where all scheduled vaccinations, annual check-ups (height, weight, BMI, BMI percentile, etc.) and any other visits to the school clinics are recorded.

8.5.2. 1. CONFIDENTIALITY ,MAINTENANCE AND STORAGE OF SCHOOL HEALTH RECORDS:

- Specific policies are established to address retention of active records, retirement of inactive records, timely entry of data in records, and release of information contained in records.
- Only health practitioners in the school clinic directly involved in a student's care must have access to that student's health records and related information .
- The school health doctor or when designated, the nurse is responsible for the complete, cumulative school health record for each student.
- Handwritten or hard copy of health records and information must be stored in a locked cabinet or cupboard and in a safe monitorable location and only school health practitioners must have access to these storage facilities.
- Records in the school nurses' office, whether they are paper or electronic need to be secured when not in use.
- Only Official School forms, which have been approved for use, will be filed with other school health records.
- Password to computers should not be shared
- Check and ensure that every student have their duly filled up school health record.
- Document all attendance of the student to the school clinic.
- whenever a student transfers to another school at any Grade, a copy of the complete cumulative school health record shall be transferred at the same time to the health personnel of the school to which the student is transferring or handed to the parent, as appropriate.



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- The health record shall be maintained by the school for a minimum of five (5) years after the student turns eighteen (18) years of age or five (5) years after the student leaves the school.
- Health file is a confidential document and unofficial access, including access to the student is prohibited.
- Confidentiality of the record must be maintained at all times.

8.6. FIRST AID, MEDICAL & MINOR EMERGENCY POLICY

The school clinic shall be equipped with the appropriate medical equipment, supplies, and pharmacological agents which are required to provide first aid and medical management and other emergency services.

Minor injuries and minor emergencies are treated in the clinic itself with required medical facilities.

Parents shall be informed on their child physical condition if it considered necessary.

If contact is not possible, the school doctor/nurse will administer appropriate emergency treatment.

If the school doctor is not available at the time School nurse will give treatment as per the standing orders.

All health issues and treatment provided shall be documented in the logbook maintained in the clinic and the school health records.

FIRST AID Log shall include:

- Name of the Student
- Assigned class
- Date & Time
- Nature of complain or Description of any injury sustained
- The treatment given.

8.7: PARENT NOTIFICATION POLICY

- Parents will be informed verbally by phone.
- Clinic staff may contact parents if they need to obtain some information about the child or inform child's parents about administering medication
-



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- Parents will be informed immediately if their child is unwell and needs to be collected from the school at the earliest.
- We will not put a child who is ill or distressed on a school bus.
- The parents must collect their child as a matter of priority.
- The school clinic is not designed to provide the comfort and quiet that is needed during an illness.
- Clinic staff can be contacted by telephone in case of emergency or email can be sent to the school doctor/nurse
- Notification to parents shall be documented in student medical record and first aid log book which helps in improving follow up process and referral plan for student can be made if required.

8.8: ACCIDENTS AND EMERGENCY POLICY

In case of serious emergencies; after assessment by doctor/nurse parents will be informed by phone call to collect student as soon as possible, and a referral note will be given to parents to present to hospital of their choice.

if school is unable to contact parent/guardian, child will be transferred to nearby hospital.

- **In case of life-threatening accident or emergency**, ambulance will be called by nurse for immediate transfer of students to hospital.
- Parents will be immediately notified.
- School personals will accompany the students to hospital and wait for parents / guardian to arrive.
- Accident/injury form
- All serious injuries are recorded on an accident/emergency record form. Documentation is kept in clinic folder.

EMERGENCY PROTOCOL

What to Do In an Emergency?

1. Call Ambulance Immediately.
2. Give First Aid if possible.
3. Take to the hospital immediately.
4. Someone should accompany the child.
5. Call the parents.
6. Someone should be with the child till the parent arrives.
7. Record the incident in the incident report form.

8.9: MEDICATION POLICY

- The school will follow the MOH's standard school medication policy.
- The school will protect student's privacy and confidentiality.
- The medication should be limited to those required during the school hours, which are necessary to be maintained for the students in the school and those needed in the event of emergency.
- The medication to be administered should be accompanied by written advice providing direction for appropriate storage and administration
- The clinic is well stocked with necessary medicines which will be dispensed to those in need after parents have been completed the School Health General Consent Form.



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- Medication should be in the original bottle and container, clearly labeled with the name of the students, dosage and time to be administered and within its expiry dates.
- Students are not allowed to carry any medications around the school, except inhalers for asthmatic students.
- If a child needs a medication to be administered during school hours, a doctor's prescription needs to be obtained and written request should be filled from parent/guardian for administration of medication in the school.
- All medication to be administered in the school should have written doctor's prescription with student's name, date and doctor's sign and stamp on the prescription. It is parent's responsibility to provide the prescription, written consent and the medicines.
- Medication is administered to the student only if there is a written consent from the parents.
- It is vital to inform school authority if any medication parents may have given their child before they arrive into our care.

For those students who need to receive regular doses of a prescribed medication (i.e. Insulin, Asthma inhalers, Nebulizers, Eye drops), a consent form needs to be completed which specifies name of the prescribed medication, required doses and timings.

The consent form must be updated accordingly in case of any changes. For children with illnesses such as anaphylaxis, asthma, epilepsy or Type 1 diabetes, the emergency medications (such as Epi-pen, Glucagon, Nebulizer solutions, Asthma Inhalers and) must be stored in the school clinic provided by parents.

The medication should be carefully labeled with the student's name, route of administration and a required dose.

8.10: IMMUNIZATION/VACCINATION POLICY

Parents are required to submit a photocopy of their child's updated vaccination documents to the clinic for record purposes prior to starting the school. The nurse will check the vaccination record and let parents know if any vaccination for your child is due.

Students should be prepared for vaccination with consideration for their age and stage of development. Parents/guardians should be encouraged to take an active role before, during and after the administration of vaccines. Parents are required to provide the school with updated vaccination records (original immunization record) for their child/children; otherwise the school will not give your child any vaccination).

Vaccinations are usually scheduled twice per an academic year. A notification will be sent to parents 14 days prior to the actual date of vaccination. Parents will be asked to sign a consent form and return it to the clinic within 7 days prior to the date of vaccination. Should the parents choose not to have their child/children vaccinated at the school, they are required to fill the refusal form of vaccination in the school and provide an up-to-date copy of their child/children vaccination records and inform the school if a child receives any vaccinations outside the school.



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8.10.1: Vaccines are only to be given in the following circumstances:

- All students should be screened for allergies, contraindications and precautions for each scheduled vaccine
- Consent form is fully completed, signed by parent and dated
- Student does not have any allergies or contraindications to the vaccine.
- Student requires a dose of the specified vaccine.
- Emergency/ Anaphylaxis kit should be available during all vaccine campaigns.
- Adverse reaction forms should be available in the instance of a reactions
- Parents are to be provided information in the form of a letter to go home with the student detailing any side- effects of the vaccine.

8.11: DIABETES MANAGEMENT POLICY

8.11.1: PURPOSE:

- Diabetes requires management.
- 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.
- Diabetes can interfere with a student's ability to learn.

8.11.2: GOAL:

- To ensure the proper medical management and safety of the student, minimizing the possibility that diabetes related emergencies might disrupt his/her educational and sports related activities.
- To promote a positive sense of self and belonging and help each student with diabetes feel empowered to manage their diabetes effectively during school hours.
- To ensure each student with diabetes is not excluded from any school activities because of diabetes, unless indicated otherwise in the student's Diabetic Management Plan (DMP).

Achieving these goals requires the collaboration of the parents/guardians, the student, the primary care provider, the school doctor/nurse and other members of the school staff.

8.11.3: ISSUES OF CONCERN:

- School-aged children with diabetes most often have type 1 diabetes and require insulin by injection or by a pump, throughout the school day.
- Some students, especially those that are very young, may be unable to check their own blood glucose (sugar) levels, or administer their insulin while at school.



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- There is an increased prevalence of school-aged children with type 2 diabetes who may require oral medication or insulin.
- Students with diabetes spend 30-35 hours per week in a school setting; this represents more than half of their waking weekday hours. It is therefore vital that the student, parent/guardian, school personnel, and healthcare providers are clear and confident in their roles and responsibilities during this time.
- It is essential that school personnel have accurate and current information about diabetes and how it is managed to reduce stigma and other problems that may put a student's health and safety at risk.

8.11.4: DIABETES MANAGEMENT PLAN (DMP) :

A student's DMP provides specific information and instructions to school personnel regarding the student's daily diabetes management and diabetes emergency plans..

A DMP should be developed by the student's personal Diabetes healthcare team and contain the following information:

- Details of the treatment guidelines and the type of medical care and monitoring required which will then be informed to school personnel by the school doctor who are in contact with the student on a regular basis.
- The type of diabetes and diabetes medication/ insulin.
- Frequency of blood sugar monitoring and target range.
- Symptoms commonly experienced for hypoglycemia/hyperglycemia, appropriate treatments.
- A plan for prevention of hypoglycemia during periods of increased or changes in activity.
- A readily accessible emergency procedure for the student, including emergency contact information and treatment procedures for severe hypoglycemia or hyperglycemia.
- Outline the parental responsibility of carbohydrate counting and Coordinating the insulin adjustments with student's health care team if insulin is to be taken during school hours.
- Detail the health care services needed by the student at school.
- Evaluate the student's ability to self-manage and level of understanding of emergencies.

8.11.5: ROLES AND RESPONSIBILITIES:

❖ Parents/Guardians and students:

1. The Parents of the diabetic student should meet the school doctor during the admission process and discuss their child's condition.



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2. The Diabetes Management Plan form must be completed by the treating physician and should have the physician stamp on it. The DPM should be submitted to the school clinic before the student starts to attend the school.
3. The parents should provide the following supplies to the clinic:
 - Glucometer with extra batteries, test strips and lancets.
 - Insulin pen with cartridges and pen needles
 - Glucagon injections
 - Glucose tablets, healthy snacks and juices
4. When the supplies are low, the clinic staff will inform the parents to replace it immediately.
5. The students coming to the school clinic for their blood glucose monitoring should come on time and report for follow ups as required. The parents should ideally label the carbohydrates count of the food item to be taken during school hour.
6. The students who self-monitor their glucose should report to the teacher and should be accompanied to the school clinic if they are not feeling well or if the blood glucose values falls below 70mg% or is above 250mg%.

In case of emergency school clinic staff should be informed immediately.

7. If the student's blood glucose level goes above 300mg % (or 250mg%+Ketone bodies), the parents will be contacted and best course of action will be taken on student's condition. In the case of an emergency, the ambulance will be called.

❖ **Clinic Staff Roles and Responsibilities:**

- All school staff with responsibilities for students with diabetes should be educated about diabetes, the symptoms and treatment of hypoglycemia and hyperglycemia, and responding to emergencies.
- Identify the student with diabetes to the concerned school including volunteers, substitute teachers, student teachers, and support staff.
- Student's medical record is maintained on the school's electronic database accessible to all the staff and in their physical files.

❖ **Daily Management:**

To maintain optimal health, a student living with diabetes must balance medication, including insulin, food, and activity every day.

A student experiencing hypoglycemia/hyperglycemia may be unable to perform school-related or other tasks.



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❖ Blood Glucose Monitoring:

Blood sugar monitoring will only be performed by the school doctor/nurse if there is mutual agreement with the parent/guardian as indicated in the student's DMP.

- The parents are ultimately responsible for making decisions based on results of blood sugar monitoring.
- Provide very clear instructions to the school in the student's DMP for frequency of blood sugar monitoring.
- Ensure that sufficient supplies are available to monitor student's blood glucose.

❖ Medication Administration:

- Insulin or oral diabetes medications will only be given to students by school doctor/nurse if there is mutual agreement with parents as indicated in the student's DMP.
- The school provides each student with a convenient, clean and safe location to administer insulin and/or diabetes medications.

Depending on the length of time since diagnosis and level of maturity students are encouraged to perform their own blood glucose monitoring and unless children have hypoglycemic unawareness (inability to tell when their blood glucose level is low), most should be able to let an adult know when they are experiencing hypoglycemia (low blood glucose).

❖ FOOD AND SPECIAL EVENTS:

It is important that the school works closely with the family to plan for special events such as classroom parties, field trips and other school-sponsored activities.

Healthy and nutritious meals and snacks at school with an accurate carbohydrate count and nutritional information will enable the student to incorporate special foods into his/her meal/snack plan and accordingly adjust the insulin dosage.

With planning, a student with diabetes can enjoy the same foods as everyone else.

Unless indicated in the student's DMP, there are no "forbidden" food.

Every student looks forward to field trips.

Even though many parents choose to chaperone their child and class on field trips, parental attendance should never be a prerequisite for participation by students with diabetes.



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❖ EMERGENCY CARE:

Untreated hyperglycemia may lead to the emergency situation diabetic ketoacidosis (DKA). Parents/guardians will be called if a student is nauseous, vomits or shows signs of illness and referred to hospital for further management.

Symptoms of Diabetic Ketoacidosis (DKA)

- Dry mouth, fruity breath, extreme thirst, and dehydration
- Increased urination
- Nausea and vomiting
- Severe abdominal pain
- Shortness of breath
- Sleepiness or lethargy
- Depressed level of consciousness

❖ **Roles and Responsibilities:**

Ensure the student's DMP includes an emergency plan and that all school personnel who work with the student have access to the plan and have been advised on how to recognize and respond to symptoms of severe hyperglycemia.

➤ **School Personnel and Healthcare Providers:**

- School personnel shall notify the school healthcare team if the student is unable to eat or vomits at school, or shows signs of illness and the school doctor/nurse will inform the parents.
- If the student vomits and parents are unavailable, the school doctor will call 998 immediately or take action according to the student's DMP

Students with diabetes should be encouraged to be participants in all school activities. Planning is essential, so that blood sugar levels are maintained within a safe target range; the major risk of both planned and unplanned activity is hypoglycemia.

➤ **Parents and students:**

Determine any required changes from the usual regimen during periods of physical activity, sports or extracurricular activities and provide clear instructions to the school in the student's DMP for such activities.



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For example, any changes to insulin doses should be specified.

Ensure that the student's DMP indicates when physical activity should be restricted based on blood sugar levels being too low or too high.

Provide for extra snacks (e.g. carbohydrates) clearly marked for days the student is involved in extra activity.

8.12: ALLERGY MANAGEMENT POLICY

8.12.1: Key Allergy Strategies

- the involvement of parents, staff and the student in establishing individual Health Management Plans
- the establishment and maintenance of practices for effectively communicating individual student medical plans to all relevant staff.
- the incorporation of allergy management strategies into the risk assessments for all school events, excursions and sporting activities.
- Regular staff training in anaphylaxis, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- All parents/guardians/students are requested to eliminate allergenic food stuffs from lunch boxes and celebratory events.
- No food and drink sharing strategy in the playground
- Age appropriate student education on allergy awareness and self-responsibility.

8.12.2 : Nut Related Strategies

- The Canteen, parent support groups and outside caterers are made aware of the Allergy Management Policy and requested to eliminate nuts and food items with nuts as ingredients from their operations.
 - Classroom teachers to promote student handwashing before and after eating
 - Staff training and education to ensure effective emergency response to any allergic reaction situation.
 - Age appropriate education of children with severe nut allergies-peanut and tree nut.
 - All parents are asked to not send foods in school lunches that's contain nuts, peanuts, tree nuts and those that contain "nut traces".

8.12.3: Dairy and Egg Related Strategies

Students with dairy product or egg allergy are managed by the school in consultation with the parents/guardians on a case by case basis
Age appropriate education of the children with the severe dairy/egg allergy.



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8.12.3: Insect Related Strategies

Diligent management of wasp and ant nests on school grounds
Education of staff and students to report significant presence of insects in play areas with a timely response for eradication of known nests.
Age appropriate education of the children with severe insect allergies.

8.12.4: PROCEDURES AND RESPONSIBILITIES FOR ALLERGY MANAGEMENT

• Medical Information

- Parents of children, employees and volunteers are responsible for providing ongoing accurate and current medical information in writing to the school. The school will seek updated information via medical form at the commencement of each calendar year, to which parents are required to respond. Furthermore, should a child develop a condition during a year, or have a change in condition, the parents must advise the school nurse of the fact with details clarified accordingly in the Individual Health Plan
- For students with an allergic condition, the school clinic requires parent/guardian to provide written advice in the form of a signed Health Management Plan from a doctor, which explains the condition, defines the allergy triggers and any requires medication. This must be updated annually for known allergies.
- The School Administration Team will ensure there is an effective system for the management of medical information.
- The school Nurses team will liaise with parents on an annual basis to ensure that the Health Management Plan (Action Plan) is established and updated for each child with a known allergy.
- Teachers and teacher aides of those students and key staff are requires reviewing and familiarize themselves with the medical information.
- Each class teacher will receive an Ascertain and Medical Alert document in his/her class folder
- Teaching staff member the use of the EpiPen and is also capable of managing an anaphylaxis reaction.
- Relevant sports coaches are provided with medical information and individual Health Management Plan for any student with known allergy prior to undertaking any sporting activity.

8.12.5: EpiPen Management

When EpiPen (Adrenalin) are required in the Health Management Plan:

Parent/guardian are responsible for the provision and timely replacement of the EpiPen's in all sections of the school.

Parents will advise the school when the replacement of medication for student is due.



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The EpiPens are located in the school clinics cupboard Facility approved by the principal. The school will ensure those teaching staff and school officers working with students with allergies, are trained in the use of EpiPen's and records of such training are maintained

8.13: INFECTION CONTROL & PREVENTION POLICY

8.13.1: PURPOSE: To provide set of infection prevention measures to control the spread of communicable diseases within the school and in the community. To educate all members in the school on different way of avoiding infection and communicable diseases including hand hygiene, general hygiene, immunization and maintaining clean environment

8.13.2: SCOPE: To minimize as far as possible risks of harm to PHSS RAK Students, Staff, Non-Teaching Staff and visitors, this may arise through passing infections between each other. Infections and infection transmission is prevented and managed as far as possible through the application of standard precaution practices.

8.13.3: RESPONSIBILITY: Students, Staff, Non-teaching Staff are most likely sources of infectious agents and are also the most common susceptible hosts. Other people visiting the school premises may be at risk of both infection and transmission.

8.13.4 : PRINCIPLES

- **HAND HYGIENE:** It is one of the most recommended ways to reduce spread of infection within the school.
- Liquid soap solution to be placed near to all washing area to improve hand washing in students.
- Alcohol based hand rub to be placed in school premises to help students to have easy access to it and reduce the transmission of infection through hands. School clinic should have hand washing facility and hand rub facility. Posters shall be placed in clinical area wherever hand hygiene facilities are placed.
- The recommended method is the use of liquid soap, warm water, and paper towels.
- The use of non-medicated soap, provided in a soap dispenser is encouraged. Harsher soap which contains antiseptic (unless required under specific circumstances) should not be used as it may make hands dry and potentially chapped, therefore increasing the risk of infection.
- Hands should always be washed after using the bathroom, before eating or handling food and after handling animals.



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- **COUGHING AND SNEEZING:** It easily spreads infection. Children and adults should be encouraged to cover their mouth and nose with a tissue and dispose of the tissue appropriately in a bin .
- All spillage of vomit, saliva, nasal and eye discharge, blood, and feces should be cleaned up immediately. Disposable gloves and disposable plastic aprons must be worn. When spillage occurs, it should be cleaned using a product that contains both a detergent and a disinfectant.
- Maintaining a clean environment is essential for good infection control. Adequate waste disposal bins should be provided throughout the school.
- Regular cleaning of non-contaminated surfaces such as table tops and toilet seats should be carried out with standard cleaning solutions.
- **SICKNESS / FEVER:**
 - To reduce the spread of illness through cross-infection, the following points apply:
 - Sick children cannot concentrate effectively in School and need to rest at home until they fully recovered.
 - If your child develops a fever while in school (above 37.5C), clinic will contact parents and requested collection of the child. Students may return to school, if they are 24 hours without using fever-reducing medications such as Panadol or Adol.
- **DO NOT send the student if they show symptoms of;**
 - Fever (≥ 37.5 degrees). Keep the child at home for at least 24 hours after the fever is gone without the use of a fever-reducing medicine.
 - Unexplained skin rash that has not been assessed by a doctor
 - Vomiting (return to school after 24 hours of last episode of vomiting).
 - Diarrhea (return to school after 24 hours of last episode of diarrhea).

8.14: CONTAGIOUS ILLNESS POLICY:

The MOH has clearly documented guidelines for those conditions that require exclusion from the School.



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The conditions commonly seen are Conjunctivitis, Head Lice, Chicken pox, Gastroenteritis, Hand Foot and Mouth Disease, Measles, Mumps, COVID-19 etc. However, the list is not limited to the above-mentioned conditions.

If a child develops vomiting and/or diarrhea, he/she should see a doctor and stay at home for the duration of illness or if necessary, admitted to the hospital.

Children with conditions that require exclusion from the School like COVID-19, chicken pox, measles, mumps, and conjunctivitis should be cared for at home and may only return when they are no longer contagious. The infectivity period for each condition varies.

Upon returning, a medical certificate from the attending physician must be provided or an assessment by the school doctor.

If the child considered as a possible source of infection, parents asked to take them home.

When not to send you child to school

- A suspected contagious rash
- Heavy nasal discharge
- Red, sticky eyes
- Persistent cough
- Vomiting and diarrhea (return to school only when symptom free for atleast 24 hours).

EXCLUSION FROM SCHOOL (AS PER MOH GUIDELINES)

Disease or condition	Incubation period	Exclusion of cases
Chickenpox	From two to three weeks; usually 13-17 days	Until at least 5 days from the appearance of rash, or until receipt of medical certificate Of recovery from infection.
Conjunctivitis		Until discharge from eyes has Ceased.
Giardiasis (Diarrhea)	Usually 1-3 weeks longer; or Average 7-10 days.	Until Diarrhea ceases.
Measles (Rubeola)	Approximately 10 days but varies 7-10 days and may be as long as 14 days until the rash appears.	Until at least 5 days from the appearance of rash, or until receipt of medical certificate Of recovery from infection.



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Mumps	Usually 12-25 days commonly 18 days.	Exclusion from school, childcare or workplace until nine days after the onset of swelling. Until fully recovered.
Pediculosis (Headlice)	Until appropriate treatment Has	Until appropriate treatment Has commenced.
Hepatitis A	Usually 15-50 days; the Average 28-30 days.	Exclude from school or work for 1 week after the onset of illness or jaundice. Until receipt of a medical certificate of recovery from infection or on subsidence of infection.
Rubella (German measles)	Usually, 16-18 days	Exclude from school for at least 5 days after onset of rash.
Shigellosis (Diarrhea)	From 12 hours-4 days until Diarrhoea ceases	From 12 hours-4 days until Diarrhea ceases
Streptococcal infection including Scarlet fever	Usually, 1-3 days Exclude from schools	Usually, 1-3 days Exclude from schools
Tuberculosis	From infection to primary	From infection to primary
Typhoid fever & Para Typhoid fever	Usually 1-3	Usually 1-3
COVID-19	10 Days	10 days quarantine period and submit the negative PCR test result with De-isolation Certificate from MOHAP

8.15: MANAGEMENT OF COVID-19 IN SCHOOL

Student must stay at home if un-well to ensure that every one is safe at school.

Student must stay at home if she/he is showing any one but not limited to the following symptoms:

- Fever (temperature greater than 37.5°C)
- Dry cough
- Tiredness, body ache or pain.
- Sore throat
- Diarrhea or vomiting
- Conjunctivitis
- Headache
- Loss of taste or smell
- Rash on skin or discoloration of fingers or toes



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- Difficulty of breathing or shortness of breath
- Chest pain or pressure
- Loss of speech or movement
- Runny nose
- Had positive Covid-19 PCR Test
- A close contact of a person who tested positive for Covid-19.

The parent must inform the class teacher, supervisors, and the school clinic if their child has symptoms related to Covid-19, if the student got Covid-19 test positive case to inform the school

Students are not allowed to enter the school bus and school premises if she/he shows any symptoms mentioned above.

If a student becomes ill during school hours

- If the student becomes ill and shows symptoms related to Covid-19 during school hours, is triaged by the clinic and sent to the isolation room immediately.
- The assigned school nurse wearing full PPE in the isolation room will monitor the student. The school nurse will inform the admin officer and principal and call the parent to collect the student as soon as possible if the student's condition is stable.
- If the student's medical condition is unstable, an ambulance will be called and inform the parents at the same time.
- If the student is identified as a Covid-19 suspected case, he/she will be required to have a Covid-19 test and medical certificate. Students are not allowed inside the school until providing a negative result.
- Sanitation is carried out immediately to the places where the suspected student stays especially the isolation room.
- School clinic will follow up with the parents about the case.

Covid close contact

No quarantine is required for close contact.

Covid-19 PCR positive test

If the student has Covid-19 PCR POSITIVE test result, he/she must complete the 5 days' quarantine period and submit the NEGATIVE PCR test result with the DE-ISOLATION CERTIFICATE from a Ministry of Health and Prevention approved health care facility to the school before joining the school.



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8.16: HEAD LICE POLICY

- Whilst parents have the primary responsibility for the detection and treatment of head lice, The School Medical Team will work collaboratively to assist to manage head lice effectively.
- Routine Headlice Checks are generally not needed but can be done upon request from the School Senior Management Team. However, if a case of suspected head lice is reported a head inspection check is carried out by the school nurse.
- If the teacher suspects infestation on a child, the nurse should check and the doctor if available should confirm. Only exclude children from school with live lice.
- Parents are informed by email and an information sheet is sent home .
- Children are allowed back in school with nits provided they've been treated with a medicated shampoo. Children with adult lice should receive treatment before they return to school.
- The Child can return to class once the Nurse has confirmed that the child is lice free.
- To support parents to achieve a consistent, collaborative approach to head lice management

8.17: CLEANING AND DISINFECTION POLICY

Maintain a clean environment and it is essential for good infection control practice. Daily cleaning of all surfaces in the clinic with approved disinfectant. All equipment used in clinic shall be cleaned and functionality and cleaning checklist shall be maintained in the unit.

8.18: MEDICAL AND HAZARDOUS WASTE MANAGEMENT

General and Medical wastes should be discarded separately. General wastes such as papers, plastics, and other materials not contaminated with chemicals and blood are disposed in designated bin for general wastes. Medical wastes such as sharps (needles) cotton with blood, cloth, wound dressings and other materials contaminated with blood and chemicals are disposed separately in a designated Medical Waste container to be collected by the Medical Waste Collection contractor.

9: HEALTHY EATING POLICY

9.1: PURPOSE:

- Diet influences the potential for learning as well as health, this policy aims to provide students to reach their full educational potential by providing the skills needed to adapt long term healthy eating behaviors.
- To promote an environment that encourages and supports the development of healthy eating habits
- To encourage children to eat a healthy, balanced diet.



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- To educate the children about healthy lifestyle, e.g. diet, fitness and personal hygiene, and the importance of a good night's sleep.
- To give the children a better understanding of how healthy living can benefit their learning.
- To promote healthy snacks but still allow treats, so that the children understand the concept of "everything in moderation".

9.2: SCOPE:

This policy is applicable to all staff, students and parents.

9.3: TARGET AUDIENCE:

All staff and parents.

9.4: Food:

- Children should eat a filling breakfast before they come to school.
- Children are given eat twice throughout the day, recess and lunch break.
- Crisps, chocolate, sweets, junk food are not allowed as part of the children's snacks.
- The children should be encouraged to eat a range of fruit and vegetable throughout the day.
- Children will not be allowed to swap food from their snack boxes with other children.

9.5: Drinks:

- Children should bring a water bottle to school every day. They can refill this from any of the water coolers in school.
- The children are allowed to bring juice, water or milk as part of their snack. Flavored milk is discouraged and fizzy drinks are not allowed.

9.6: Treats:

- Although sweets, crisps etc are not allowed as part of the children's snack, they will not be banned from school completely. Treats will still be allowed e.g. on party days, as rewards from the teacher etc. we want the children to realize that treats are acceptable in moderation.

9.7: Personal Hygiene:

- The school nurse will be available to talk to the children throughout the year about personal hygiene. Educational posters are displayed in school premises. Educational sessions are delivered during each term to ensure proper infection control in school.

9.8: Nutrition education lessons:

- The importance to eat a variety of foods



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- Balancing the food eaten with physical activity to maintain or improve weight
- Choosing a diet with plenty of green vegetables, orange vegetables, fruits, whole grains, and low-fat milk and milk products
- Choosing a diet low in fat, saturated fat, and cholesterol
- Choosing a diet moderate in sugars
- Choosing a diet moderate in salt and sodium
- Limiting take away or foods from a fast-food restaurant

10. SCHOOL CANTEN PROTOCOL FOR FOOD SAFETY MEASURES

10.1. HAND WASHING PROTOCOL

Clean your hands regularly with anti-bacterial soap

Step 1. Wet your hands under running water;

Step 2. Use liquid anti-bacterial hand soap and rub your hands together to form foam;

Step 3. Away from the running water, rub your palms, the back of your hands, between Your fingers, the back of fingers, the thumbs, fingertips and wrists for no less than 20 seconds.

Step 4. Wash your hands thoroughly under running water.

Step 5. Dry your hands well using paper towels.

Step 6. Close the tap using single use paper towels, not your clean hands.

10.2. PERSONAL HYGIENE PROCEDURE

Workers must keep their uniforms clean.

Wear a bright-colored uniform comprised of a long-sleeved jacket, pants, an apron, safe shoes, and a hair net that covers all the hair and prevents hair from falling.

- Keep hair short and clean.
- Refrain from eating and drinking during food handling.
- Maintain personal hygiene. Clean hands and trim fingernails frequently.
- Refrain from wearing jewelry or accessories (watches, rings, necklaces, etc.) while handling food.
- Keep your spare clothes and other personal items (including mobile phones) away from where food is stored.
- Wear gloves when handling food and replace them with clean ones



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- (a) Before starting work
- (b) After using the toilet
- (c) After blowing your nose, coughing or sneezing into your hands
- (d) After breaks
- (e) Between working with different types of foods
- (f) After touching your hair, nose, mouth or body
- (g) After cleaning tasks and After handling garbag

10.3. PROCEDURE FOR RECEIVING HOT AND COLD FOOD

- The transportation vehicle must be exclusively dedicated for food delivery.
- Keep the transportation vehicle clean.
- The driver cabin should be separated from the food cabin.
- The transportation vehicle must be properly cooled to preserve the transported food.
- Transport hot food in isotherm boxes and cold food in iceboxes provided with ice packs.
- Staff driving or loading the food to the transportation vehicle must adhere to the stipulated health conditions of a food handler.
- Reject all cold storage food that are delivered above 5°C temperature and all hot storage food that are delivered below 60°C.
- Check randomly and record the temperature of three different types of food items upon delivery. Record date, employee initials, vendor, product name, and temperature of these products in the Receiving Temperature Log.
- In the case of physical contamination (hair, insects, foreign objects etc...) ensure the food supplier is informed and that the contaminated food is photographed and sent with the daily report to the Ministry of Health.
- In the case where food is suspected due to smell, taste, color or texture, the suspected food should be placed in an ice box and sent to the Ministry of Health, Environmental Health Section, along with the details of the suspected food and a sample analysis request.
- Place food in the proper storage area (cooler or freezer) quickly to avoid potential bacterial growth. Proper cooler temperatures are 5°C or lower.
- Use First in First out (FIFO) inventory rotation of products in all storage areas to ensure that oldest products are used first. Products with the earliest use-by or expiration dates are stored in front of products with later dates.
- Do not use food beyond its expiry date and dispose of damaged foods as well as metal containers which are dented, rusty or are leaking for any reason (especially at the side weld).



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- Keep products in original packages until use.
- Expiry of cooked food and fatayer is one day, giveaway any remaining food before closing the canteen.

10.4. CANTEEN FOOD TESTING AND SAMPLE'S RETENTION

A member of the School Canteen Committee, who is responsible for supervising the food safety aspects within the school, should collect at least 250 g of each meal every day in sterilized food grade plastic bags and keep them for 5 days in a freezer. It is not sent for analysis except when a suspected food poisoning case happens in the school. These samples should be stored in a separate freezer with 5 drawers in the office of the person assigned for collecting the samples from the school canteen. We need to send the sample to the Ministry of health when there is collective complaint of 2 or more students who ate the food items available in the school canteen and show symptoms of food poisoning.

10.5. Cleaning Procedure

10.5.1. Fridge and Warmer

Clean refrigerator twice a week.

Clean the interiors and exteriors of all refrigerators. Including but not limited to doors, cooling fans, shelves and doors' rubber frame.

10.5.2. Furniture

Use J- cloth (single use) to clean all furniture in the canteen.

All furniture should be cleaned before and after every break.

10.5.3 Floor

Clean floors on daily basis.

Take all safety precautions while you are mixing and using chemicals (use gloves, face mask, goggles).

After use all cleaning materials should clean, dry and kept dedicated place under lock.

10.5.4. Dishes and Utensils

Clean dishes and utensils with professional anti-bacterial dish wash liquid. Dish wash liquid should be diluted with water to a concentration of 0.5 % (500ml water + 2.5 ml liquid).

Clean all dishes and utensils every day immediately after use. Dry it and keep it in a clean place.

10.6. CANTEEN INSPECTION POLICY

- School nurse is responsible to check canteen in a daily basis.
- Fill the daily follow-up check list provided by Ministry of public health and get sign and stamp from school management.



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10.6.1. Daily checking includes

- ♣ Check the temperature of refrigerator and hot holding heaters three times a day and record the temperature log.
- ♣ Efficiency and availability of sufficient number of refrigerators (supplied with an electronic thermometer) and hot holding heaters.
- ♣ Food transporting vehicle is clean and fits the health standards.
- ♣ Check temperature with a calibrated thermometer to ensure that food requiring cold storage are below 5°C and hot storage are above 60°C.
- ♣ Food items or meals arrival time is appropriate and ensure safety of food items served to the students. ♣ Food items are wrapped in safe manner that fits the health standards.
- ♣ Boxes storing dry food items are clean and fit the health standard.
- ♣ Collect at least 250 g of each meal in sterilized food grade plastic bags and keep them for 5 days in a freezer.
- ♣ Canteen is clean and free from any source of infection and free from pests and insets.
- ♣ Presence and efficiency of insect killer in the entrance of the canteen.
- ♣ Presence of sufficient number of garbage containers that fits the standard in both canteen and kitchen.
- ♣ Cleaning materials used in the canteen are safe on food items.
- ♣ Cleaning tools and equipment are stored in a separate place far from storage, display and sale of food items.
- ♣ Presence of hand washing sink for food handlers, provided with dispensers for liquid disinfectant soap and drying paper towel.
- ♣ Food handlers are in compliance to wearing clean, light-colored uniform, gloves or hairnet.
- ♣ Food handlers are in compliance to healthy behaviors and proper personal hygiene.
- ♣ Food handlers' health certificate is valid and under job category of Food Service.

10.7. Canteen documents File documents include ,

- Healthy and Safety guidelines for school canteens
- Valid copy of food handler health certificate.
- Procedure for collection of Retention Samples
- School Canteen Daily follow up form
- Food Safety Management letter
- Food Supplier Qualification Request



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- Contract from food provider.
- Material Safety Data Sheet (MSDS) of chemicals using to clean the canteen.
- Food wrapping materials test report from food provider.
- Food temperature log for Hot and cold food.

11: THE HEALTH COMMITTEE

Group /Team / Committee	Health Committee
Members	Appointed by Principal
General aims	To ensure the health and well-being of all students, and staff at all times and minimize potential health risks
Committee Tasks	<p>All members of staff understand and fulfill their responsibilities to ensure a healthy learning environment.</p> <p>To <i>be</i> familiar with the health program policy and all safety regulations laid down by the school management and receive appropriate supervision, instruction, and training.</p> <p>Take an active interest in promoting health and suggest ways to promote it better.</p> <p>Ensuring that students in the community's schools or community centers learn the knowledge they need to maintain a healthy lifestyle Monitor the standards of health nutrition drives, and also adapt them as a part of the curriculum</p> <p>Encourage staff and others to promote healthy lifestyles.</p> <p>Planning of school health programme activities e.g. school health action days.</p>
Frequency of meetings	Per Term
Committee Members & Responsibilities	<p>Principal</p> <p>Vice principal</p> <p>Health and safety officer/compliance officer</p> <p>School nurse</p> <p>School counselor</p> <p>Head of physical education department.</p>



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5.19: Policy Review Cycle

This policy will be reviewed annually by the school administration to ensure its effectiveness and relevance.

5.20: Monitoring and Evaluation:

The effective implementation of this policy will be monitored by the senior leader's management teams personals

Prepared by: School Nurse

Approved by: Principal Office

THE END

