



# DOHA ENGLISH SPEAKING SCHOOL

Learning Together • High Expectations • Celebrating Success

# HEALTH AND SAFETY MANUAL

September 2016

To be reviewed September 2017



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# DOHA ENGLISH SPEAKING SCHOOL

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## HEALTH AND SAFETY POLICY

### PURPOSE

To provide a safe environment for children, staff and all other persons who visit the school, and to ensure that roles and responsibilities in maintaining a healthy and safe environment are understood by the school community.

### POLICY STATEMENT

DESS is committed to:-

1. Establishing and maintaining a safe and healthy environment throughout the school for children, staff and all other people who come onto the school premises, through thorough risk assessment processes.
2. Ensuring that sufficient information, instruction and supervision is provided to enable staff, children and visitors to the school to avoid hazards and contribute positively to their own health and safety, and to ensure that they have access to health and safety training as appropriate or as and when provided.
3. Formulating effective procedures for use in case of fire or other emergencies, and for evacuating the school premises, and for accident and medical related incidents.
4. Educating children and staff on safety where appropriate.
5. Ensuring that all members of the school community understand their own responsibilities in maintaining a healthy and safe environment.

### PROCEDURE

In order to meet its commitment, DESS will establish and maintain, at a minimum, the following procedures and guidelines:

- Emergency Procedures
- Lockdown/Evacuation Procedures
- First Aid Procedures and Guidelines
- Roles and Responsibilities Guidelines

The Headteacher will appoint a Health and Safety Officer, who is appropriately qualified to carry out the role, or is working toward such qualification.

The Headteacher will present to the Board of Governors each term a report detailing the health and safety measures at DESS and their effectiveness, suggestions for improvement and highlighted risks. The Headteacher will ensure that the procedures and guidelines are regularly reviewed and are made available to staff and, where appropriate, to the School Community.

Approval Date: 23rd April 2015

Review Date: 23rd April 2017

Signature (Chairman Board of Governors)



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## HEALTH AND SAFETY ROLES AND RESPONSIBILITIES

These Guidelines should be read in conjunction with the:

- DESS Health and Safety Policy
- DESS Emergency Procedure
- DESS Lockdown/Evacuation Procedure
- DESS First Aid Procedures (various)
- DESS Pool Procedures

### Responsibilities:

#### The Board of Governors will:

1. Approve and monitor the effectiveness of the Health and Safety Policy and shall revise and amend it, as necessary, on a regular basis.
2. Provide advice, guidance and assistance where necessary on the policy and guidelines.

#### The Headteacher will:

1. Prepare an emergency evacuation procedure and arrange for periodic practice evacuation drills (normally at least once a term) to take place and for the results of these to be recorded.
2. Make arrangements to draw attention of all staff employed at the school to the school safety policies and procedures.
3. Ensure staff are all aware of the accident reporting procedure.
4. Make arrangements for informing staff and pupils on safety procedures.
5. Make arrangements for outside users to be informed of safety procedures.
6. Ensure that regular safety inspections are undertaken.
7. Arrange for the withdrawal, repair or replacement of any item of furniture, fitting or equipment identified as being unsafe.
8. Identify a staff member to assist the Board of Governors and Headteacher in the management of health and safety at the school. Such delegated responsibility must be defined as the Health and Safety Officer.

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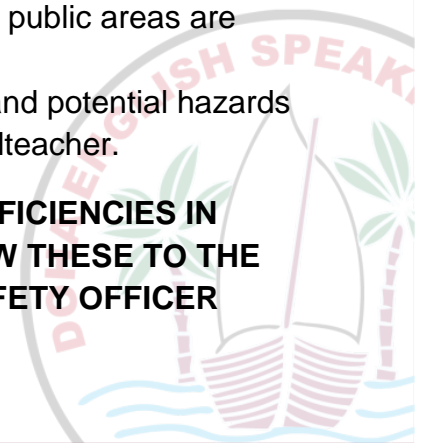
### **The Health and Safety Officer will:**

1. Assist the Headteacher in the implementation, monitoring and development of the safety policy within the school.
2. Monitor general advice on safety matters arising from relevant bodies and advise on its application to the school.
3. Co-ordinate arrangements for the design and implementation of safe working practices within the school.
4. Investigate any specific health and safety problem identified within the school and take or recommend (as appropriate) remedial action.
5. Order that a method of working ceases on health and safety grounds on a temporary basis subject to further consideration by the Board of Governors or Headteacher.
6. Assist in carrying out regular safety inspections of the school and its activities and make recommendations on methods of resolving any problems identified.
7. Ensure that staff with control of resources give due regard to safety.
8. Co-ordinate arrangements for the dissemination of information and for the instruction of employees, pupils and visitors on safety matters and make recommendations on the extent to which staff are trained.

### **All staff members will:**

1. Take reasonable care for the health and safety of themselves and of any person who might be affected by their acts or omissions at work.
2. Co-operate with the Health and Safety Officer, Board and Governors and Headteacher and not interfere with or misuse anything provided in the interest of health, safety and welfare.
3. Make themselves aware of all safety rules, procedures and safe working practices applicable to their posts; where in doubt seek immediate clarification from the Headteacher.
4. Ensure that tools and equipment are in good condition and report any defects through the correct channels.
5. Use protective clothing and safety equipment provided and ensure that these are kept in good condition.
6. Ensure that offices, classrooms, storerooms, workshops and public areas are kept tidy.
7. Ensure that any accidents, whether or not an injury occurs, and potential hazards are reported to the Health and Safety officer and/or the Headteacher.

**WHENEVER AN EMPLOYEE IS AWARE OF ANY POSSIBLE DEFICIENCIES IN HEALTH AND SAFETY ARRANGEMENTS, HE/SHE MUST DRAW THESE TO THE ATTENTION OF THE HEADTEACHER and/or HEALTH AND SAFETY OFFICER**



Please note the following:

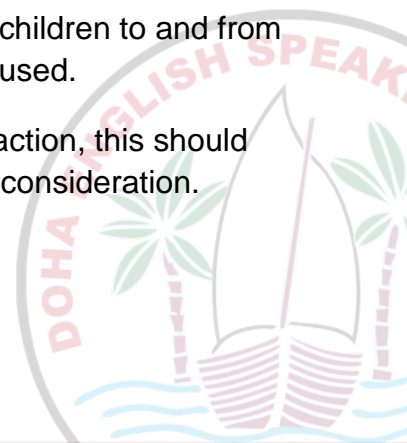
1. It must be realised that newly appointed employees could be particularly vulnerable to any risk and it must be ensured that all relevant health and safety matters are drawn to their attention at an early stage.
2. Whilst it is a management responsibility to instruct all employees in safe working procedures in relation to their posts and work places, Line Managers are required to ensure that employees under their department are familiar with procedures.
3. All volunteer helpers will be expected, as far as reasonably possible, to meet the same standards required of employees.

### **Responsibilities of Teaching Staff Towards Pupils and others in their Care**

All staff are responsible for the health and safety arrangements in relation to themselves, co-workers, pupils and any volunteer workers. They will monitor their own work activities and take all reasonable steps to:

1. Exercise effective supervision over all those for whom they are responsible, including pupils.
2. Be aware of and implement safe working practices and to set a good example personally.
3. Identify actual and potential hazards and introduce procedures to minimise the possibility of mishap.
4. Ensure that any equipment or tools used are appropriate to that use and meet accepted safety standards.
5. Provide appropriate protective clothing and safety equipment as necessary and ensure that these are used as required.
6. Evaluate promptly and, where appropriate, take action on criticism of health and safety arrangements.
7. Provide the opportunity for discussion of health and safety arrangements.
8. Investigate any accident (or incident where personal injury could have occurred) and take appropriate action.
9. Where private vehicles (cars or buses) are used to transport children to and from school functions, staff should ensure that child restraints are used.

NB: When any member of staff considers implementing corrective action, this should first be referred to the Headteacher or Health and Safety Officer for consideration.



## **Responsibilities of Pupils**

All pupils are expected, within their expertise and ability, to:

1. Exercise personal responsibility for the safety of themselves and their fellow pupils.
2. Observe standards of dress consistent with safety and/or hygiene. (this would preclude unsuitable footwear and toys and items deemed dangerous).
3. Observe all safety rules of the school and in particular the instructions of the teaching staff in the event of an emergency.
4. Use and not wilfully misuse, neglect or interfere with things provided for safety purposes.

NB: The Board of Governors and Headteacher will make pupils (and where appropriate parents) aware of these responsibilities through direct instruction and/or notices.

## **Visitors**

Regular visitors and other users of the premises (eg contractors and delivery men) are expected, as far as is reasonably possible, to observe the safety rules of the school.

## **Lettings: (See Lettings Policy)**

The Board of Governors and Headteacher must ensure that:

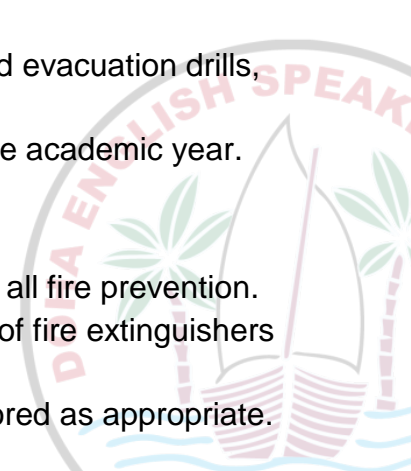
1. The means of access and egress are safe for the use of hirers, and that all equipment made available to and used by the hirers is safe.
2. Fire escape routes and exits are clearly marked for the benefit of unfamiliar users of the building, particularly during the hours of darkness.
3. Hirers of the building are briefed about the fire procedures, and receive relevant written instructions
4. Hirers conform with the security arrangements of the school.

## **Fire and Emergency Evacuation Procedures (See Fire Procedure Document)**

1. All staff to be familiar with the Fire Procedure Document.
2. These procedures are updated as appropriate.
3. A log is available for recording and evaluating all practice and evacuation drills, including by video.
4. All staff members to attend fire training at the beginning of the academic year.

## **Fire Prevention Equipment**

1. Arrangements are made to regularly monitor the condition of all fire prevention equipment. This would include the regular visual inspection of fire extinguishers and the fire alarm system.
2. Weekly random checks of the emergency alarm to be monitored as appropriate.



### **First Aid and Accident Reporting Procedures (See Medical Procedures)**

1. First Aid is available in the Nurse's Room, administered by the School Nurse.
2. An AED is available for use in a public area.
3. Accident reporting procedures as well as other medical related procedures to be kept updated, as appropriate.
4. Arrangements for first aid for sports, outdoor pursuits and field trips are the responsibility of the supervising staff, after consultation with the School Nurse.

**To be read in conjunction with the Health and Safety manual.**







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## SITE INFORMATION GUIDELINES

The following guidelines are applicable to all persons using the DESS site.

1. DESS is situated at: Zone 35, Al Maari Street, Fereej Kulaib, Doha. The school main switchboard number is: 44592750. The Security Office can be reached on: 44592758
2. With the exception of the residential area, DESS is a non-smoking site.
3. Reverse parking is required in all demarcated bays.
4. Sufficient access for Civil Defence vehicles in the residential area must be kept open at all times.
5. The Civil Defence fire connection in front of the MPH is to be kept unobstructed at all times.
6. The fire alarm control panel is located at the Security Gate.
7. Any defective fire control equipment is to be reported immediately to a member of the DESS staff.
8. Visitors need to show Qatar identity if required and should cooperate with the Security Staff.
9. All fire evacuation procedures must be adhered to.
10. Pedestrian crossings are to be used at all times.
11. DESS has disabled parking within the school grounds and ramps to accommodate wheelchairs.



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## FIRE DRILL PROCEDURE

(Updated September 2016)

*(This document is periodically updated – please consult the most recent version)*

MUSTER POINT A  
MUSTER POINT B  
MUSTER POINT C  
MUSTER POINT D

Field  
Quadrangle  
Tennis Courts  
Multi-Purpose Hall

IN CASE OF FIRE OR EMERGENCY DIAL 999 AND ASK FOR THE SERVICE REQUIRED.

REMEMBER TO WALK QUICKLY, BUT DO NOT RUN.  
PLEASE FAMILIARISE YOURSELF WITH THE LOCATION OF ALARM BUTTONS AND  
FIRE EXTINGUISHERS IN YOUR TEACHING AREA.

On hearing the alarm, teachers should, if there is time, turn off their ACs and shut as many doors and windows as possible. If vacating from the classroom, teachers are to wear the high visibility vest that is stored in the classroom cupboard. Teachers to take class list and green/red cards as they evacuate their rooms. Once the room is evacuated, the white 'class evacuated' card should be left in a visible area. High visibility vests are also located in all shared teaching areas. Teachers must accompany their classes, having made sure no children have remained in the garden, **by the shortest safe route to the area demarcated at the Muster Point.** Muster Point A is to be used unless otherwise stated. Classes should be lined up in silence as denoted by the signs on the walls. This should be done in an orderly fashion, quietly and quickly, but without running. **Special caution should be taken regarding Foundation Stage children. Younger children automatically have right of way.**

Class lists will be printed by the School Office and distributed on the field by Admin Staff **who will be wearing high visibility vests.** The Headteacher's Secretary will then be responsible for helping the General Secretary (also wearing high visibility vest) to check that non class based staff are all present.

On receiving the register sheet, class teachers should check that all pupils are accounted for, **first by a head count**, then by name if a child is missing. Teaching Assistants permanently attached to a teacher/class should remain with the class/year group and be accounted for in the class register. **Phase Leaders are responsible for their team** and should raise their hands to indicate that all are accounted for. The Headteacher will check with KS2 Year Group Leaders. The Deputy Headteacher will check FS and KS1.

Administrative, Specialist and Support Staff should quietly congregate in clearly distinguishable groups. Department Heads should check their staff are present and report to the register holder (General Secretary). Visitors, e.g. parent helpers, should also report to the General Secretary, who will check their names in the Visitors' Book. Parents, dropping off or picking up children, should also be instructed to go to the muster point. The Headteacher's Secretary will inform the Headteacher when all are accounted for.

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## **BLOCK A**

Fire Warden to close all doors and check all toilets.

The Assistant Head will assist any FS class without an Assistant, if necessary.

## **BLOCK B**

Fire Warden to close all doors and check all toilets.

## **BLOCK C**

Fire Warden to close all doors and check all toilets and Presentation and Cookery Room.

### **Presentation Room:**

Teacher to accompany children to muster point.

## **BLOCK D**

Fire Warden to close all doors and check all toilets.

## **BLOCK E**

Fire Warden to close all doors and check all toilets.

## **MUSIC ROOM**

The teacher should evacuate all children in this room by the safest route and accompany them to join their year group at the muster point. Children should be made aware of the location of the fire exit. Music teacher should muster together with admin and non-teaching staff.

## **COOKERY/DT/ART/LS ROOMS**

The assistants/teachers should evacuate all children to the muster point.

## **LIBRARY, SMALL GYM AND ICT ROOM**

Library Fire Warden to close all doors and check all toilets.

## **SWIMMING POOL**

Library Fire Warden to check toilets.

Should fire alarm sound during a class changeover period, swimming Assistants to check and take charge of any children remaining in changing rooms, after the majority of the class has left.

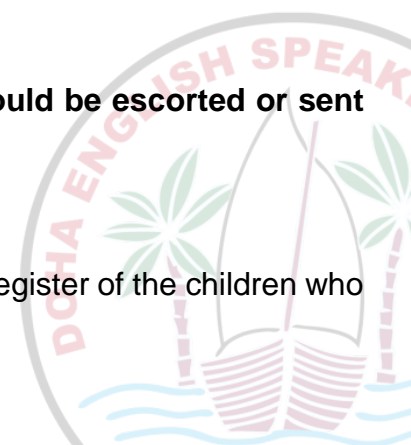
## **MULTI-PURPOSE HALL COMPLEX**

Fire Warden to close all doors and check.

**Children discovered in toilets or other areas of the school should be escorted or sent to the muster point to join their class.**

## **EXTRA-CURRICULAR ACTIVITY TIME**

**The rules above apply** - except teachers should take with them a register of the children who are attending their activity at that time of day.



## **ADMINISTRATION AREA**

Admin Fire Warden to close all doors and check all toilets.

### ***Headteacher:***

The Headteacher should turn off the electricity in the mains cupboard. On field, take charge of KS2.

### ***Deputy Headteacher:***

On field, take charge of FS and KS1 children.

The Deputy Headteacher should take control on the field should the Headteacher be elsewhere on the premises.

### ***Assistant Headteacher:***

The Assistant Headteacher is to assist any FS class that requires assistance.

It is the responsibility of the AHT to organise the register documents and the Office Staff to take them to the muster point and give them to each teacher.

### ***Office Staff:***

The **General Secretary**, wearing a high visibility vest, should account for all non-class based staff and visitors, and inform the Headteacher when all are accounted for.

All Administrative Staff to muster together with other non-teaching staff and Specialist Staff, whilst checking in on the staff register, which is split into departments.

### ***Nurse***

The Nurse is to take charge of any children in the sickbay.

### ***Finance Officer and Assistants:***

The Finance Officer and Assistants should lock cash and current receipt books in fireproof safe and assist with distribution of registers as required at the Muster point.

### ***IT Staff:***

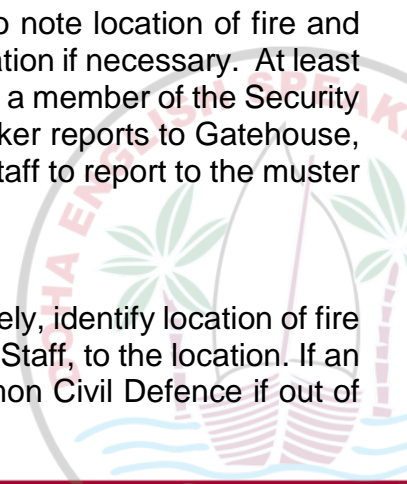
The IT Staff are to take back-up tape, assist Office Staff, and then muster together with other non-teaching staff.

## **SUPPORT STAFF UNDER DIRECTION OF THE SCHOOL CARETAKER**

On alarm sounding, Support Staff should meet at the Gatehouse to note location of fire and get keys **to open** and man gates for emergency services and evacuation if necessary. At least one Support Staff member to go to the scene of the fire together with a member of the Security Staff. One staff member to remain at threat, while the Head Caretaker reports to Gatehouse, the Headteacher and Health and Safety Officer. All other Support Staff to report to the muster point.

## **SECURITY STAFF**

On alarm sounding, Security Staff should cancel the alarm immediately, identify location of fire and send a staff member, who will be assisted by DESS Caretaking Staff, to the location. If an incident has occurred, then re-activate the alarm and directly summon Civil Defence if out of



school hours. If a false alarm, then cancel and re-set. Gate barriers to be manned and opened for emergency services and evacuation if necessary. One person to remain at threat, while Head Caretaker reports to Gatehouse, the Headteacher and Health and Safety Officer. Gatehouse to be manned as usual by two guards. If fire occurs after school hours, it is the responsibility of the Security Staff to alert emergency services.

### **RUMAILLAH**

All Staff members on site to immediately muster together with Admin and Non-teaching staff where they will be accounted for in the register.

### **LIAISON WITH FIRE OFFICIALS**

The Headteacher/Health and Safety Officer and Head Caretaker should be available to meet and direct Fire Officials.







# DOHA ENGLISH SPEAKING SCHOOL

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## HEALTH AND NURSING GUIDELINES

At DESS the health and safety of our pupils and staff are of utmost importance. These guidelines and the attachments have been developed to ensure that health needs are met with up to date, evidence and research based guidelines, information and advice.

### Statement of Intent

- Ensuring pupils and staff have access to a health care professional, (Registered Nurse) throughout the hours of the school day.
- Ensure first aid guidelines and information sheets are up to date and evidence based.
- Provide basic care to injured and unwell children and staff.
- Offer health advice and health promotion information as appropriate
- Adhere to guidelines and policies of the Supreme Council of Health, Qatar.

### The Nurse

The Nurse's room is located next to the Accounts office in the main reception. The Nurse can be found here from 7am until 2pm Sunday to Wednesday and 7am to 1pm on a Thursday. If the Nurse is not available, firstly a supply Registered Nurse should cover. In the event of one not being available a trained first aider will be assigned to cover the position. This decision will be made by a member of the Senior Management Team. A list of trained first aiders can be found in the Nurse's room and on the staff information board located in the staff room.

If the Nurse is not in the Nurse's room then the office should be informed and they will ring the Nurse's mobile.

If a child is to be left unattended when the Nurse is called away then the office staff will be informed to keep watch on the child until the Nurse returns.

For access to the Nurse's room after hours, spare keys for the Nurse's room and medicine cupboards are kept in the accounts office. Access can be gained through Security and the Caretaker.

The Nurse will adhere to the confidentiality guidelines of the school and follow the Nursing and Midwifery council (UK) code of conduct for Nurses and midwives.

## **Infection Control**

Hand washing is the single most effective measure in preventing the spread of disease. Hand washing should be promoted throughout the school by both discussing the importance of hand washing and demonstrating the correct techniques.

Children and staff should ensure that hands are washed before and after eating and using the toilet. Younger children should be supervised and aided in washing their hands by staff at school. A hand sanitizer is available in the foyer.

## **Unwell or Injured child at school.**

The Registered Nurse will provide nursing care as appropriate to unwell students.

To limit unnecessary visits to the Nurse, children must have a pass showing that the teacher or TA has given permission to go. All teachers, including specialist will be provided with labelled passes. At break time 4 first aid bags are available for the teachers/ TA on break duty within that there are passes.

When a child is unwell or injured at school, the Nurse will be responsible for their care until a parent guardian or trained health care professional arrives to take over the care.

The Nurse will not diagnose conditions or illnesses.

For medical diagnosis, the student's parents or Staff members should consult a Doctor.

## **Reporting Procedure**

All care provided by the Nurse will be documented in the Engage system school database under First Aid. If electronic recording is not possible for any reason a written copy will be completed in the Nurse's diary.

Any serious accident/ incident will be recorded on the system plus The Deputy Headteacher will be notified and an Accident form completed.

When a child is assessed by the Nurse as too unwell to remain at school, the parents will be contacted to collect their child. It may be advised to see a Doctor or healthcare practitioner.

In the event of an emergency, an ambulance and parents will be contacted immediately.

## **Head Injury**

In the event of a pupil receiving a head injury the Nurse will:-

- Assess conscious level
- Control any bleeding/clean wound as appropriate
- Record heart rate, respiration and pupil reaction
- Observe for headache, sensitivity to light, memory loss, agitation, loss of concentration, lethargy, tiredness and dizziness



Following assessment the Nurse will plan care appropriately.

Following the incident the Nurse will contact the parent with written information.

### **Medications for children**

Medications of any form will not be given without parental/guardian consent. On admission to the school a pupil health record form is completed. This form includes parents authorisation regarding certain “over the counter” medications

A basic stock of “over the counter” medications will be kept in the Nurse’s room. They are kept in locked cupboards labelled 1, and 2 or refrigerator as appropriate. The keys are with the Nurse and a spare set are kept with the Deputy Headteacher and in the Accounts Department.

Individual students medications are kept in locked cupboard 3. Termly these medications are reviewed by the Nurse.

Any medication brought into school should include the following information:-

- Student’s name
- Student’s class
- Condition for which the medication is administered
- Dose of the medication
- Route of the medication,
- Time of the medication

### **Child’s individual health care plans**

A pupil health record assessment form should be completed by the child’s parents upon application to the school. This will be assessed by the school Nurse.

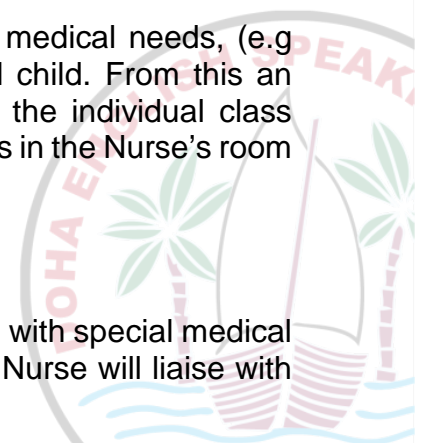
If appropriate the school Nurse will liaise with the parents regarding the care of the child whilst at school.

A list of children’s medical conditions, treatments, medication and allergies will be produced by the school Nurse. This will be reviewed at the start of the school year and up dated as changes occur. This will be emailed to teaching staff at the start of the school year, a hard copy is kept in the Nurse’s room (not on public display) and in the Medical file in the staff room (not on public display).

The school Nurse will oversee the care of the child with complex medical needs, (e.g diabetic, severe allergy) with the collaboration of the parents and child. From this an individual care plan will be agreed. These plans will be given to the individual class teacher and Year group leader, plus with the list of medical conditions in the Nurse’s room and staff room.

### **School Trips.**

First aid bags will be provided by the Nurse for school trips. If a child with special medical needs, (eg Diabetes, severe allergy, asthma) is attending then the Nurse will liaise with



both parents and staff to discuss how the child's condition will be managed whilst off the school premises.

## Calling an Ambulance

If an incident occurs when an ambulance is required the following should be undertaken:-

- Nurse informed of incident
- Patient assessed by Nurse and decision whether to call ambulance made
- Ambulance called by Nurse or designated person with all relevant information
- Head/Deputy Head informed that an ambulance has been called
- Parent/Guardian informed that an ambulance has been called and information given about the nature of the incident. The Nurse's mobile telephone number will also be given to the parent/guardian
- The Nurse will remain with the student until the ambulance arrives
- The Nurse will give a clear and concise medical handover to the EMS including treatment and medication given, times and doses
- If the ambulance arrives prior to the parent/guardian the Nurse will travel in the ambulance with the casualty and stay with them until the parent/guardian arrives
- Following the event the Nurse will complete all necessary paperwork and debrief staff as appropriate

## Healthy Eating

At DESS we are very keen for the children to understand the importance of healthy eating. We encourage a healthy snack that includes 2 pieces of fruit or vegetables amongst other nutritional food. We are a **nut free zone** and children are not allowed any nut products in their snack at any time, as we have children with severe allergies to nuts. Chocolate bars, sweets as well as fizzy drinks are not allowed.

## P.E and Swimming

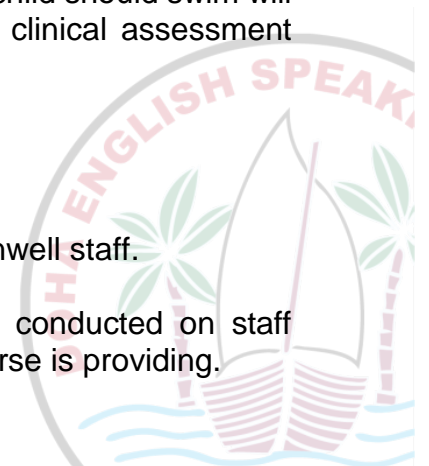
Where possible we encourage all children to participate in PE and swimming as it is an important part of their curriculum.

If a parent does not wish their child to do PE or swimming then a medical ( Doctor's) note must be provided to the class teacher. If a note is not produced then the parent & child will be directed to speak to the Nurse. A decision as to whether the child should swim will be made based on the information provided by the parent & the clinical assessment carried out by the Nurse.

## Staff Health

The Registered Nurse will provide nursing care as appropriate to unwell staff.

The Nurse may keep a private log of any visits/ health checks conducted on staff members. This is to ensure the safety and continuity of care the Nurse is providing.



The following medications are available for staff use:-

- Paracetamol tablets 500mg
- Brufen tablets 400mg
- Loratadine 10mg
- Loperamide 2mg
- Throat lozenges
- Antacids

### **Medical Equipment**

The Nurse will ensure all medical equipment (Oxygen, thermometer, AED, BM machine) are in good working order and are maintained as per manufacturer's instructions.

### **DESS Guidelines**

The following guideline can be found on the DESS website and in this manual:-

- A.E.D. ( Automated external defibrillator)

### **Common Ailment Information and Advice Sheets**

Advice sheets can be found on the DESS website and in this manual about the following:-

- Asthma
- Athletes foot
- Chicken Pox
- Communicable disease guidance from HPA ( UK)
- Croup
- Diarrhoea and Vomiting
- Hand, Foot and Mouth disease
- Head Injury
- Head Lice
- Impetigo
- Ringworm
- Scarlett fever
- Threadworms
- Warts and Verruca's
- Pool Chemicals





# DOHA ENGLISH SPEAKING SCHOOL

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## AED Guidelines

### Introduction

We aim to ensure the safe keeping and use of the Automated External Defibrillator (AED). An AED is a device which delivers an electric shock to a person who has suffered a sudden cardiac arrest. Sudden Cardiac Arrest (SCA) is a condition that occurs when the electrical mechanism in the heart fails, causing the heart to malfunction and alter the heart's rhythm. An AED will analyse the heart rhythm through electrodes placed on the person's chest and will decide upon appropriate action.

### Responsibilities

#### The School Nurse

- Ensures the safe keeping of AED whilst she is on site
- Maintains adequate system checks
- Reviews and approves guidelines for emergency procedures/CPR and AED.

#### Office Staff

- Be familiar with the location of the AED (Foyer)
- Deploy AED trained staff to the location of patient
- Assist and delegate roles in an emergency, i.e. making 999 calls
- Liaise with patient's next of kin
- Meet the Emergency team upon their arrival

#### Trained AED users

- Ensure that they fully understand the training given
- Can provide basic life support/assist Nurse
- Be familiar with the location of the AED
- Must be prepared to be called in event of an emergency

#### Equipment

- AED to be in a location that is easy to access and well known
- AED to be brought to all medical emergencies
- Oxygen cylinder and mask to be found in Nurse's Room



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BRITISH SCHOOLS  
MIDDLE EAST

## AED Procedure

Approach the patient using:  
ABC  
Airway, Breathing, Circulation

If the patient is not breathing please check airway is open.  
If still not breathing please attach oxygen mask on highest  
flow.

OXYGEN CYLINDER LOCATED IN NURSE'S ROOM  
WITH INSTRUCTIONS

CIRCULATION- If a pulse is not detected:  
Please locate the AED  
If Pulse found please lay patient in RECOVERY  
POSITION and call 999. Constantly assess patient.

Open the AED bag and leave AED in plastic cover  
Plug in electrode pads  
Children under 8 years use PAEDIATRIC  
Adults and children over 8 years use ADULT

Please remove any clothing from the upper body  
Males- please remove any chest hair with razor provided,  
take as little time as possible (in areas pads are applied)  
Females- Please remove bra  
Please dry patient if body is wet, as quick as possible  
PLACE PADS AS SHOWN ON PACKAGING  
**Switch the device on (press button briefly!)**





# DOHA ENGLISH SPEAKING SCHOOL

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September 2016

## Asthma Information Sheet

### What is Asthma?

Asthma is a condition which involves narrowing of the airways, which we use to pass oxygen in and out of the body. Asthmatics can suffer intermittent attacks of wheezing and shortness of breath that can vary in severity. Asthma can develop at any age, but is more likely to develop in childhood and can progress into adulthood. Some of the main triggers and causes for asthma are listed below:

- Allergies usually to pets/dust/pollen.
- Colds and infections.
- Exercise.
- Laughing and excitement, especially in children.
- Emotional stress, crying for long periods of time.
- Family history of disease, especially parents and siblings.
- Eczema or allergies in siblings.
- Smokey environments, e.g. if a parent smokes in the house.
- Environmental factors.

### Physiology of Asthma:

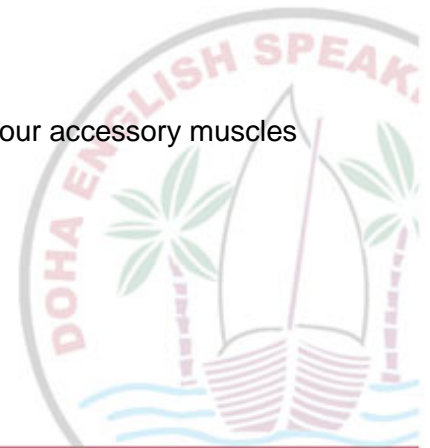
- Muscles around the airway walls tighten and become narrower.
- Lining of airways becomes inflamed and begins to swell.
- Sticky phlegm and mucous can build-up and can cause narrowing.

### What happens in a mild attack of asthma?

- Wheezing
- Coughing
- Tight feeling in the chest
- Shortness of breath and gasping

### What happens in a severe asthma attack?

- All of the above symptoms
- Difficulty in talking
- Blue/grey fingernails (not enough oxygen to the cells)
- Stomach seems to be moving erratically (this is known as using your accessory muscles as an attempt to draw in air)
- Very wide nostrils
- Racing pulse



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## Diagnosis

Diagnosis should be made through a medical professional in order to gain the appropriate treatments. Diagnosis is usually based on the symptoms described and through peak flow measurements (blowing into a meter to test lung's capacity to exhale).

## Treatments

The most effective treatment is using inhalers. Some people need to take inhalers when they are wheezy, others require a regular, preventative inhaler taken everyday, as well as one to relieve immediate symptoms of asthma. There are many types of inhalers available. Your doctor will be able to prescribe the one that is most suitable.

## Prognosis

Asthma is a manageable condition and children can grow out of it into their teenage years, some have asthma into adulthood. Children should be able to participate in physical activity and sport as normal. It is important to understand that an asthma attack can be life-threatening and the child should be taken to hospital immediately if they do not respond to their inhalers. It is advised that you be cautious and try not to expose your child to any of their trigger factors, such as pollen and animal hair.

Further information can be found [www.nhs.uk/conditions/asthma](http://www.nhs.uk/conditions/asthma)





# DOHA ENGLISH SPEAKING SCHOOL

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## Athlete's Foot Information Sheet

### What is Athlete's foot?

Athlete's foot is a fungal infection of the foot and the toes. The medical term for this is Tinea Pedis. It is quite infectious and can affect anybody, but typically occurs in teenagers and male adults. The fungi like to live in warm, dark and humid environments, often affecting those who participate in sporting activities, hence the common name Athlete's foot. The initial infection lasts 1-10 days, but if untreated the infection can become persistent and last for months.

### What are the symptoms?

- Itchy, scaly, dry rash on sides/bottom and in between toes.
- Inflammation/blisters on soles of feet.
- Cracking and raw skin tissue on soles causing pain and swelling.
- Toenail infection can be present.

### How is Athlete's foot transmitted?

- Bare feet come into contact with fungus.
- Warm and damp environments encourage fungal growth.
- Infection can be spread through contaminated clothing and bed sheets.

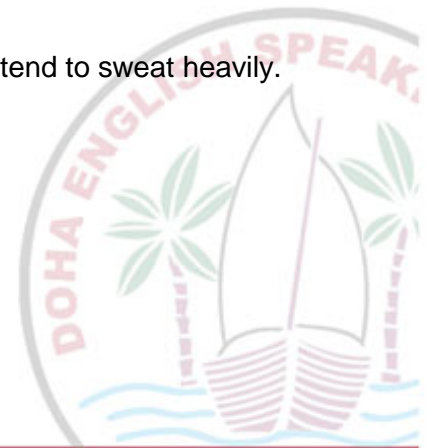
### What are the treatments for Athlete's foot?

- Wash feet frequently and dry them thoroughly between the toes.
- Change socks daily.
- In severe cases, doctor may prescribe creams and lotions that kill fungi.
- Early treatment is necessary to prevent infection spreading to the toe nails. If this occurs then the infection becomes harder to deal with.

### Prevention

- Wash feet daily and dry them carefully, especially between toes.
- Avoid tight footwear, especially in hot weather.
- Reduce foot perspiration by using talcum powder.
- Change socks frequently, cotton socks are best, especially if you tend to sweat heavily.

Further information can be found at [www.nhs.uk/conditions/athletes-foot](http://www.nhs.uk/conditions/athletes-foot)





# DOHA ENGLISH SPEAKING SCHOOL

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## Chickenpox (Varicella) Information Sheet

### What is Chickenpox?

Chickenpox is a mild disease that most children will catch at some point. It is highly contagious and usually affects many children at the same time, especially in nurseries and schools. Chickenpox is most common between the ages of 2 and 8, although it can also infect adults who have never been exposed to the disease. The Chickenpox vaccine only generally ensures approximately 80% immunity rate in any child that takes the vaccine.

### What are some of the common Symptoms?

- Small red spots at start, leading to:
- Many blisters, which burst and crust over into scabs
- New blisters may occur 3-6 days after the first blisters
- Usually very itchy
- Commonly starts on the face and trunk and later the limbs and scalp
- High temperatures
- Cold-like symptoms

### How is it transmitted?

- Direct person to person contact
- Airborne droplets from coughing/sneezing
- Contact with infected articles e.g. bedding and clothing
- Infection occurs from airborne droplets before any rash appears

### Diagnosis

There is no need for any laboratory testing. A doctor can diagnose chickenpox from clinical symptoms.

### How is it treated?

- Treatment mostly consists of easing the symptoms
- Stop the infected person from scratching as this could cause infection
- Calamine lotion will help relieve itching
- No need for antibiotics as it is a viral infection
- Treat the fever with a Paracetamol or Brufen based medicine.

**Please keep your children away from school until the last blister has formed a scab, approximately 5-10 days after the rash first appeared.**

Further information can be found at [www.nhs.uk/conditions/chickenpox](http://www.nhs.uk/conditions/chickenpox)





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## Croup Information Sheet

### What is Croup?

Croup is a condition that develops quickly in children generally under the age of five. Croup is caused by a viral infection of the upper airways, throat and surrounding tissue. A barking cough is the obvious sign of Croup.

### How do you get croup?

The virus that will cause croup can be transmitted from person to person through airborne droplets from sneezing and coughing.

### Signs of Croup

- Rough/barking cough
- Hoarseness and noisy breathing

Symptoms seem to be worse at night when the child has been lying down for some time.

### What should you be especially aware of?

- Your child becomes very tired
- Difficulty in breathing
- Blueness around mouth, nose and nails

### What can you do?

- Calm the child as much as possible
- Keep calm yourself- show no anxiety to your child
- Sit your child upright to ensure maximum lung capacity
- Inhaling steam may help- simple to do if you run a hot bath in a closed bathroom
- Avoid heavy meals as coughing may lead to vomiting
- Encourage the child to drink plenty of fluids
- Treat a fever with paracetamol/brufen products and remove excess clothing

### Treatment

Viral infections cannot be treated with antibiotics.

Serious cases may be admitted to hospital for further treatment.

### Prognosis

Croup usually clears up in 3-4 days on its own. The coughing may last sometime longer though. Symptoms usually worsen when the child is in bed.

Children who have had croup in the past may develop it again when they have a cold.

Further information can be found at [www.nhs.uk/conditions/croup](http://www.nhs.uk/conditions/croup)





# DOHA ENGLISH SPEAKING SCHOOL

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## Diarrhoea and Vomiting Information Sheet

### What Causes Diarrhoea and Vomiting?

Diarrhoea and vomiting is caused by a number of different organisms, including bacteria, viruses and parasites. One of the most common reasons for a child suffering from diarrhoea and vomiting is something called rotavirus gastroenteritis, which is very contagious. Diarrhoea and vomiting can also occur if a child has a cold or flu, ear infections, throat/chest infections or runs high fevers.

### How are gastro-intestinal illnesses transmitted?

- Eating contaminated foods.
- Drinking contaminated water.
- Poor personal hygiene.
- Contact with infected items such as bed clothes and sheets.
- Infrequent hand washing.

### How are Gastro-intestinal illnesses treated?

- Encourage your child to wash their hands thoroughly after going to the toilet and before eating
- Children to be cared for at home and isolated from school and nurseries.
- **Do not allow your child to return to school until 48 hours have passed since their last episode of diarrhoea and vomiting.**
- Most children will improve without medications or specific treatment.
- Rest is important.
- Children must drink plenty of fluids in order to not become **dehydrated**.
- Do not allow your child to go swimming for 1 week after their last episode of diarrhoea & vomiting.

### What are the signs to look out for if my child is dehydrated?

- Less frequency in passing urine
- Lethargy
- Cold to touch
- Irritable
- Faster/slower breathing
- Dry mouth/tongue and lips

### Advice

- Drink little and often.
- If they cannot keep fluid down, let them rest and try again later.
- Water is easier for the stomach to handle if it is not ice cold.
- If it is an older child that is sick, try to refrain from giving them milk.
- You can by replacement electrolyte sachets, to re-hydrate the body and give it essential salts and energy.
- If diarrhoea and/or vomiting continue for several days, then please consult your doctor.

Further information can be found at [www.nhs.uk/conditions/rotavirus-gastroenteritis](http://www.nhs.uk/conditions/rotavirus-gastroenteritis)



# DOHA ENGLISH SPEAKING SCHOOL

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## Hand Foot and Mouth Information Sheet

Here's yet another reason to encourage kids to wash their hands: it can help prevent the spread of hand, foot, and mouth (HFMD) disease. HFMD disease is a common contagious illness caused by viruses from the enterovirus family, most commonly the [coxsackievirus](#).

These viruses live in the body's digestive tract and spread from person to person, usually on unwashed hands and surfaces contaminated by feces. Kids ages 1 to 4 are most prone to the disease; cases are often found in childcare centers, preschools, and other places where kids congregate. The illness typically lasts 3-5 days.

Outbreaks usually occur during the warm summer and early fall months, though they can happen year-round in tropical parts of the world.

### Signs and Symptoms

HFMD disease (not to be confused with hoof and mouth disease, a totally unrelated illness that affects barnyard animals and livestock) causes painful blisters in the throat, tongue, gums, hard palate, or inside the cheeks. Blisters are red with a small bubble of fluid on top and often turn into ulcers. The soles of the feet and the palms of the hands also may be affected with a rash that can look like flat red spots or red blisters.

Occasionally, a pink rash may be seen on other parts of the body, such as the buttocks and thighs. However, some children with HFMD disease develop no symptoms, or if they do, may only have sores in the back of the throat.

It can be hard for a parent to tell if a child (especially a preverbal child) has HFMD disease if sores are only inside the mouth or throat. Very young kids may not be able to complain of a sore throat, but if a child stops eating or drinking, or wants to eat or drink less often, it's a signal to parents that something is wrong.

A child also might:

- develop fever, muscle aches, or other flu-like symptoms
- become irritable or sleep more than usual
- begin drooling (due to painful swallowing)
- gravitate toward cold fluids

### Treatment

If your child is continually irritable or refusing food or drink, it's time to see the doctor. While there is no medical cure for HFMD disease (the illness needs to run its course), the doctor might recommend home health remedies to make your child more comfortable during recovery.

Acetaminophen or ibuprofen can be given to console a child who is achy or irritable or ease painful mouth sores or discomfort associated with fever. Do not give aspirin to children or teens as it may cause a rare but serious illness called [Reye syndrome](#).

A child who has difficulty swallowing might be prescribed "magic mouthwash"—a mixture made by pharmacists that can be dabbed onto sores to alleviate pain. Cold foods like ice cream and

popsicles ease pain by numbing the area, and will be a welcome treat for those who have difficulty swallowing (and even those who don't!).

Kids with blisters on their hands or feet should keep the areas clean (wash with lukewarm soap and water, pat dry) and uncovered. If a blister pops, dab on a bit of antibiotic ointment to help prevent infection and cover it with a small bandage.

It is very important to make sure your child drinks plenty of fluids to prevent [dehydration](#). Call your doctor if your child remains very irritable; can't be consoled; is lethargic; or has signs of dehydration such as dry tongue, sunken eyes, or decreased urine output; or if symptoms worsen.

HFM disease usually resolves within several days to a week and kids recover completely. Very rarely it can lead to complications such as viral [meningitis](#) (infection of the fluid around the brain and spinal cord) or [encephalitis](#) (infections and inflammation of the brain)

### **Preventing the Spread**

There is no vaccine to prevent HFM disease or any other similar infection. HFM is contagious and can spread through contact with feces, saliva, mucus from the nose, or fluid from the blisters. Even after recovery, kids can pass the virus in their stool for several weeks, so still can spread the infection to others even though they're no longer sick.

[Hand washing](#) is the best protection. Remind everyone in your family to wash their hands frequently, particularly after using the toilet, changing a diaper, before meals, and before preparing food. Shared toys in childcare centers should be cleaned often with a disinfectant because these viruses can live on objects for several days.

Keep kids home from school and childcare while they have a fever or open blisters on the skin and mouth.

Further information can be found at [www.nhs.uk/conditions/hand-foot-and-mouth-disease](http://www.nhs.uk/conditions/hand-foot-and-mouth-disease)





# DOHA ENGLISH SPEAKING SCHOOL

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## Head Lice Information Sheet

### What are head lice and nits?

- **Head lice** are tiny grey/brown insects. They are about the size of a sesame seed (the seeds on burger buns). Head lice cling to hairs, but stay close to the scalp which they feed off. Head lice lay eggs which hatch after 7-10 days. It takes about 10 days for a newly hatched louse to grow to an adult and start to lay eggs.
- **Nits** are the empty white egg shells which are left when the lice hatch. Nits look like dandruff, but stick strongly to hair. Unlike dandruff, you cannot easily brush out nits.

### Who gets head lice?

Head lice are common in children, but can affect anyone of any age. They are not a sign of dirty hair or poor hygiene. Close hair to hair contact is usually needed to pass lice on. Head lice cannot jump or fly, but walk from one head to another. They soon die when away from hair, and do not live in clothes, bedding, etc. Most head lice infections are caught from family or close friends who are not aware that they have head lice.

### What are the problems with head lice?

Many people with head lice do not have any symptoms. An itchy scalp occurs in some cases. This is due to an allergy to the lice, not due to their biting. It often takes about three months for an itch to develop after you are infested with lice. Therefore, you may not notice that you have head lice for a while, and you may have passed them on to others for some time. Head lice and nits do not wash off with normal shampoo. Head lice do not cause any other medical problems. The number of lice that may be on one person can vary greatly. However, commonly, there are fewer than 15 lice present.

### How can you tell if you have head lice?

Head lice are difficult to find just by looking in the hair. If you suspect that your child or you have head lice, it is best to do detection combing. Some people advise that you do this to children's hair regularly, about once a week.

### Detection combing: wet hair method

This will take 5-15 minutes to check each head, depending on hair length and thickness. It is also used as a treatment for head lice - see later.

- Wash the hair in the normal way with ordinary shampoo.
- Rinse out the shampoo and put on lots of ordinary conditioner.
- Comb the hair with a normal comb to get rid of tangles.
- When the hair is untangled switch to a detection comb. This is a special fine-toothed comb. (The teeth of normal combs are too far apart and the teeth of 'nit combs' are too close together.) Some pharmacies stock detection combs. One type (Bug Buster® detection comb) is also available on prescription.
- Slot the teeth of the detection comb into the hair at the roots so it is touching the scalp.
- Draw the detection comb through to the tips of the hair.
- Make sure that all parts of the hair are combed by working around the head.
- Check the comb for lice after each stroke. A magnifying glass may help.
- If you see any lice, clean the comb by wiping it on a tissue or rinse it before the next stroke.



- After the whole head has been combed, rinse out the conditioner.
- Repeat the combing procedure in the wet hair to check for any lice that might have been missed the first time.

### **What are the treatment options for head lice?**

Treatment is needed only if you see one or more live lice. Nits (empty eggshells) do not always mean that you are infested with lice. Nits can stick to hair even when lice are gone (for example, after treatment that kills the lice).

Currently, there are five main recommended options for clearing head lice:

- Dimeticone 4% lotion (trade name: Hedrin®).
- Wet combing using the Bug Buster® comb and method.
- Isopropyl myristate and cyclomethicone solution (trade name: Full Marks Solution®).
- Coconut, anise, and ylang ylang spray (trade name: Lyclear SprayAway®).
- Malathion 0.5% aqueous liquid (has various trade names).

The treatment chosen may depend on your personal preference, and what you have tried before (if appropriate). Each treatment has a good chance of clearing head lice if applied or done correctly *and* if all affected people in the household are treated at the same time. Read the instructions that come with the packaging.

### **Do family and friends need treatment?**

Only if they have head lice. All people in the same home, and other close head-to-head contacts of the previous 4-6 weeks should be contacted. Tell them to look for lice and treat if necessary. (It used to be advised to treat all close contacts even if they had no symptoms. This has changed to just treating people who have head lice.) All people with head lice in the same home should be treated at the same time. This stops lice being passed around again.

### **Checking for treatment success**

The wet combing method of treatment discusses above how to check for success. For other methods of treatment (lotions, sprays, etc), check that treatment was successful by detection combing 2-3 days after completing a course of treatment, and again after a further seven days. Treatment has been successful if no lice are found at both sessions.

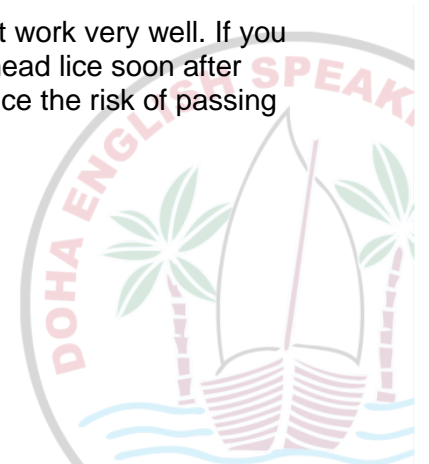
### **What about school?**

Children are not allowed to attend school whilst they have live lice. When the child has been treated they may then return to school.

### **Can head lice be prevented?**

There is no good way of preventing head lice. Lice repellent sprays do not work very well. If you do detection combing of children's hair every week or so, you will detect head lice soon after they have affected the hair. You can then start treatment quickly and reduce the risk of passing them on to others.

Further information can be found at [www.nhs.uk/conditions/head-lice](http://www.nhs.uk/conditions/head-lice)





# DOHA ENGLISH SPEAKING SCHOOL

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September 2016

## Impetigo Information Sheet

### What is Impetigo?

Impetigo is an infection of the skin caused by bacteria, usually Streptococcus or Staphylococcus. It is extremely contagious and commonly occurs in children, although adults can also be infected. Impetigo is caused when bacteria infect cuts/bites and wounds. The infection can then spread when the infected person scratches their sores and then touches other parts of their body.

### What are the common signs and symptoms of Impetigo?

- Symptoms usually occur 4-10 days after being infected.
- Small/itchy blisters appear and expand.
- Blisters burst and discharge is produced.
- Blisters can typically scab into yellow/thick crusts over 4-6 days.
- Tends to affect the hands and face, although can spread to other parts of the body.

### How is Impetigo transmitted?

Impetigo can appear suddenly. It is usually spread through direct contact with another infected person. Sharing items such as towels and face cloths can cause the spread of Impetigo.

### What is the treatment for Impetigo?

Please consult a doctor for diagnosis. Most doctors like to treat Impetigo with antibiotic ointment, applied to the affected areas. In more severe cases a doctor may prescribe oral antibiotics. It is important that the scabs are dissolved using an ointment/cream as the bacteria live underneath the scabs.

Children should be isolated from school and nurseries until all the lesions have crusted and healed and treatment has commenced. Please consult your doctor for diagnosis and advice.

Further information can be found at [www.nhs/conditions/impetigo](http://www.nhs/conditions/impetigo)



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# Guidance on infection control in schools and other childcare settings



April 2010

Prevent the spread of infections by ensuring: routine immunisation, high standards of personal hygiene and practice, particularly handwashing, and maintaining a clean environment.

Please contact your local health protection unit (HPU) on ..... or visit [www.hpa.org.uk](http://www.hpa.org.uk) if you would like any further advice or information, including the latest guidance.

Rashes and skin infections	Recommended period to be kept away from school, nursery or childminders	Comments
Athlete's foot	None	Athletes foot is not a serious condition. Treatment is recommended
Chickenpox	Five days from the onset of rash	SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Cold sores, (Herpes simplex)	None	Avoid kissing and contact with the sores. Cold sores are generally mild and self-limiting
German measles (rubella)*	Six days from onset of rash	Preventable by immunisation (MMR x 2 doses). SEE: <i>Female Staff – Pregnancy</i>
Hand, foot and mouth	None	Contact your local HPU if a large number of children are affected. Exclusion may be considered in some circumstances
Impetigo	Until lesions are crusted and healed, or 48 hours after commencing antibiotic treatment	Antibiotic treatment speeds healing and reduces the infectious period
Measles*	Four days from onset of rash	Preventable by vaccination (MMR x 2). SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Molluscum contagiosum	None	A self-limiting condition
Ringworm	Exclusion not usually required	Treatment is required
Roseola (infantum)	None	None
Scabies	Child can return after first treatment	Household and close contacts require treatment
Scarlet fever*	Child can return 24 hours after commencing appropriate antibiotic treatment	Antibiotic treatment recommended for the affected child
Slapped cheek/fifth disease. Parvovirus B19	None	SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Shingles	Exclude only if rash is weeping and cannot be covered	Can cause chickenpox in those who are not immune i.e. have not had chickenpox. It is spread by very close contact and touch. If further information is required, contact your local HPU. SEE: <i>Vulnerable Children and Female Staff – Pregnancy</i>
Warts and verrucae	None	Verrucae should be covered in swimming pools, gymnasiums and changing rooms

Diarrhoea and vomiting illness	Recommended period to be kept away from school, nursery or childminders	Comments
Diarrhoea and/or vomiting	48 hours from last episode of diarrhoea or vomiting	
<i>E. coli</i> O157 VTEC	Should be excluded for 48 hours from the last episode of diarrhoea	Further exclusion may be required for young children under five and those who have difficulty in adhering to hygiene practices
Typhoid* [and paratyphoid*] (enteric fever)	Further exclusion may be required for some children until they are no longer excreting	This guidance may also apply to some contacts who may require microbiological clearance
Shigella (dysentery)		Please consult your local HPU for further advice
Cryptosporidiosis	Exclude for 48 hours from the last episode of diarrhoea	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled

Respiratory infections	Recommended period to be kept away from school, nursery or childminders	Comments
*Flu (influenza)	Until recovered	SEE: <i>Vulnerable Children</i>
Tuberculosis*	Always consult your local HPU	Requires prolonged close contact for spread
Whooping cough* (pertussis)	Five days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	Preventable by vaccination. After treatment, non-infectious coughing may continue for many weeks. Your local HPU will organise any contact tracing necessary

Other infections	Recommended period to be kept away from school, nursery or childminders	Comments
Conjunctivitis	None	If an outbreak/cluster occurs, consult your local HPU
Diphtheria *	Exclusion is essential. Always consult with your local HPU	Family contacts must be excluded until cleared to return by your local HPU. Preventable by vaccination. Your local HPU will organise any contact tracing necessary
Glandular fever	None	
Head lice	None	Treatment is recommended only in cases where live lice have been seen
Hepatitis A*	Exclude until seven days after onset of jaundice (or seven days after symptom onset if no jaundice)	In an outbreak of hepatitis A, your local HPU will advise on control measures
Hepatitis B*, C*, HIV/AIDS	None	Hepatitis B and C and HIV are bloodborne viruses that are not infectious through casual contact. For cleaning of body fluid spills. SEE: <i>Good Hygiene Practice</i>
Meningococcal meningitis*/septicaemia*	Until recovered	Meningitis C is preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will advise on any action needed
Meningitis* due to other bacteria	Until recovered	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPU will give advice on any action needed
Meningitis viral*	None	Milder illness. There is no reason to exclude siblings and other close contacts of a case. Contact tracing is not required
MRSA	None	Good hygiene, in particular handwashing and environmental cleaning, are important to minimise any danger of spread. If further information is required, contact your local HPU
Mumps*	Exclude child for five days after onset of swelling	Preventable by vaccination (MMR x 2 doses)
Threadworms	None	Treatment is recommended for the child and household contacts
Tonsillitis	None	There are many causes, but most cases are due to viruses and do not need an antibiotic

## GOOD HYGIENE PRACTICE

**Handwashing** is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings.

**Coughing and sneezing** easily spread infections. Children and adults should be encouraged to cover their mouth and nose with a tissue. Wash hands after using or disposing of tissues. Spitting should be discouraged.

**Personal protective equipment (PPE).** Disposable non-powdered vinyl or latex-free CE-marked gloves and disposable plastic aprons must be worn where there is a risk of splashing or contamination with blood/body fluids (for example, nappy or pad changing). Goggles should also be available for use if there is a risk of splashing to the face. Correct PPE should be used when handling cleaning chemicals.

**Cleaning** of the environment, including toys and equipment, should be frequent, thorough and follow national guidance. For example, use colour-coded equipment, COSHH and correct decontamination of cleaning equipment. Monitor cleaning contracts and ensure cleaners are appropriately trained with access to PPE.

**Cleaning of blood and body fluid spillages:** All spillages of blood, faeces, saliva, vomit, nasal and eye discharges should be cleaned up immediately (always wear PPE). When spillages occur, clean using a product that combines both a detergent and a disinfectant. Use as per manufacturer's instructions and ensure it is effective against bacteria and viruses and suitable for use on the affected surface. Never use mops for cleaning up blood and body fluid spillages – use disposable paper towels and discard clinical waste as described below. A spillage kit should be available for blood spills.

**Laundry** should be dealt with in a separate dedicated facility. Soiled linen should be washed separately at the hottest wash the fabric will tolerate. Wear PPE when handling soiled linen. Children's soiled clothing should be bagged to go home, never rinsed by hand.

**Clinical waste.** Always segregate domestic and clinical waste, in accordance with local policy. Used nappies/pads, gloves, aprons and soiled dressings should be stored in correct clinical waste bags in foot-operated bins. All clinical waste must be removed by a registered waste contractor. All clinical waste bags should be less than two-thirds full and stored in a dedicated, secure area while awaiting collection.

**Sharps** should be discarded straight into a sharps bin conforming to BS 7320 and UN 3291 standards. Sharps bins must be kept off the floor (preferably wall-mounted) and out of reach of children.

## SHARPS INJURIES AND BITES

If skin is broken, encourage the wound to bleed/wash thoroughly using soap and water. Contact GP or occupational health or go to A&E immediately. Ensure local policy is in place for staff to follow. Contact your local HPU for advice, if unsure.

## ANIMALS

Animals may carry infections, so wash hands after handling animals. Health and Safety Executive (HSE) guidelines for protecting the health and safety of children should be followed.

**Animals in school** (permanent or visiting). Ensure animals' living quarters are kept clean and away from food areas. Waste should be disposed of regularly, and litter boxes not accessible to children. Children should not play with animals unsupervised. Veterinary advice should be sought on animal welfare and animal health issues and the suitability of the animal as a pet. Reptiles are not suitable as pets in schools and nurseries, as all species carry salmonella.

**Visits to farms.** Please contact your local environmental health department who will provide you with help and advice when you are planning a visit to a farm or similar establishment. For more information see [www.hse.gov.uk/pubns/ais23.pdf](http://www.hse.gov.uk/pubns/ais23.pdf)

## VULNERABLE CHILDREN

Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include those being treated for leukaemia or other cancers, on high doses of steroids and with conditions that seriously reduce immunity. Schools and nurseries and childminders will normally have been made aware of such children. These children are particularly vulnerable to chickenpox or measles and, if exposed to either of these, the parent/carer should be informed promptly and further medical advice sought. It may be advisable for these children to have additional immunisations, for example pneumococcal and influenza.

## FEMALE STAFF\* – PREGNANCY

If a pregnant woman develops a rash or is in direct contact with someone with a potentially infectious rash, this should be investigated by a doctor. The greatest risk to pregnant women from such infections comes from their own child/children, rather than the workplace.

- Chickenpox can affect the pregnancy if a woman has not already had the infection. Report exposure to midwife and GP at any stage of exposure. The GP and antenatal carer will arrange a blood test to check for immunity. Shingles is caused by the same virus as chickenpox, so anyone who has not had chickenpox is potentially vulnerable to the infection if they have close contact with a case of shingles.
- German measles (rubella). If a pregnant woman comes into contact with german measles she should inform her GP and antenatal carer immediately to ensure investigation. The infection may affect the developing baby if the woman is not immune and is exposed in early pregnancy.
- Slapped cheek disease (parvovirus B19) can occasionally affect an unborn child. If exposed early in pregnancy (before 20 weeks), inform whoever is giving antenatal care as this must be investigated promptly.
- Measles during pregnancy can result in early delivery or even loss of the baby. If a pregnant woman is exposed she should immediately inform whoever is giving antenatal care to ensure investigation.
- All female staff under the age of 25 working with young children should have evidence of two doses of MMR vaccine.

\*The above advice also applies to pregnant students.

## IMMUNISATIONS

Immunisation status should always be checked at school entry and at the time of any vaccination. Parents should be encouraged to have their child immunised and any immunisation missed or further catch-up doses organised through the child's GP.

For the most up-to-date immunisation advice [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk), or the school health service can advise on the latest national immunisation schedule.

2 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV)	One injection One injection
3 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Meningitis C (Men C)	One injection One injection
4 months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) Meningitis C (Men C)	One injection One injection One injection
Around 12 months	Hib/meningitis C	One injection
Around 13 months	Measles Mumps and Rubella (MMR) Pneumococcal (PCV)	One injection One injection
Three years and four months or soon after	Diphtheria, tetanus, pertussis, polio (DTaP/IPV) or dTaP/IPV Measles Mumps and Rubella (MMR)	One injection One injection
13 to 18 years old	Tetanus, diphtheria, and polio (Td/IPV)	One injection
Girls aged 12 to 13 years	Cervical cancer caused by human papilloma virus types 16 and 18. HPV vaccine	Three doses over six months

This is the UK Universal Immunisation Schedule. Children who present with certain risk factors may require additional immunisations. Some areas have local policies – check with your local HPU.

## Staff immunisations

All staff should undergo a full occupational health check prior to employment; this includes ensuring they are up to date with immunisations. All staff aged 16–25 should be advised to check they have had two doses of MMR.

For references visit [www.hpa.org.uk](http://www.hpa.org.uk)

Information produced with the assistance of the Royal College of Paediatrics and Child Health.

\* denotes a notifiable disease. It is a statutory requirement that doctors report a notifiable disease to the proper officer of the local authority (usually a consultant in communicable disease control). In addition, organisations may be required via locally agreed arrangements to inform their local HPU. Regulating bodies (for example, Office for Standards in Education (OFSTED)/Commission for Social Care Inspection (CSCI)) may wish to be informed – please refer to local policy.

Outbreaks: if a school, nursery or childminder suspects an outbreak of infectious disease, they should inform their local HPU.



# DOHA ENGLISH SPEAKING SCHOOL

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## Measles Information Sheet

Measles is a highly infectious viral disease. Anybody can contract the Measles virus especially if you have not been immunised with the MMR vaccination.

The measles virus is contained in the millions of tiny droplets that come out of the nose and mouth when an infected person coughs or sneezes. The virus spreads very easily and [measles is caused by](#) breathing in these droplets or by touching a surface that has been contaminated with the droplets then placing your hands near your nose or mouth.

### Symptoms

- cold-like symptoms, such as runny nose, watery eyes, swollen eyelids and sneezing
- red eyes and sensitivity to light
- a mild to severe temperature, which may peak at over 40.6C (105F) for several days, then fall, but go up again when the rash appears
- tiny greyish-white spots (called Koplik's spots) in the mouth and throat
- tiredness, irritability and general lack of energy
- aches and pains
- poor appetite
- dry cough
- red-brown spotty rash

### Rash

The measles rash appears two to four days after initial symptoms and lasts for up to eight days. The spots usually start behind the ears, spread around the head and neck, then spread to the legs and the rest of the body.

The spots are initially small but quickly get bigger and often join together. Similar looking rashes may be mistaken for measles, but measles has a range of other symptoms too, not just a rash.

Although uncommon complications can occur from the Measles virus and your child may need hospitalisation and specialist care.

### Treatments

Should there be no other complications from the virus, the body will fight the infection itself. Below is a list of treatments to make your child more comfortable.

- Liquid paracetamol or ibuprofen for a high temperature or pain
- Dim lighting/blocking sunlight when the child rests
- Plenty of fluids
- Encourage food to be eaten if possible

Generally the symptoms of Measles should disappear within 7-10 days. Please keep your child away from school for at least five days from the onset of the rash.

Further information can be found at [www.nhs.uk/conditions/measles](http://www.nhs.uk/conditions/measles)



# DOHA ENGLISH SPEAKING SCHOOL

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## Ringworm Information Sheet

### What is Ringworm?

- Common fungus infection of the skin
- Not actually a worm
- Appears in a round/ring shaped patch
- Common among children; adults can be infected too.

### Causes of Ringworm

- Fungi can enter the body through broken skin (scratches, cuts and eczema)
- Fungi can come from animals, soil and humans
- Transmission is from person to person contact/sharing clothing and towels
- Ringworm thrives in warm/damp areas
- Those working with animals and children who have pets are more susceptible to becoming infected.

### What areas of the body can be affected?

- Scalp
- Body
- Groin
- Feet
- Nails

### Symptoms

- Round/ring shaped patches on skin
- Red/silver scaly skin
- Area is usually itchy
- The ring can spread outwards and the middle may heal and return to normal.

### Diagnosis

Early detection could save a trip to the Doctor as your pharmacist will be able to provide you with treatment. A scraping of skin can be taken and observed under a microscope, but usually your doctor can diagnose ringworm from observation.

### Treatment

- Antifungal creams, to be used for up to 4 weeks and 1-2 weeks after skin has healed
- Powders/lotions and creams are available from the pharmacy or on prescription from your doctor
- Visit your doctor if you are unsure if it is ringworm or if the infection appears to be severe
- Visit a doctor if the infection is not responding to treatment after about four weeks

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- If the affected areas are inflamed/red/sore then the doctor may prescribe a topical cream called a corticosteroid to treat this.

## Scalp Ringworm

- Antifungal tablets, can be prescribed for up to 10 weeks
- Medicated shampoos can be used alongside tablet treatment.

## Prevention

- Do not share bedding/clothing or towels with somebody who has ringworm
- Check the whole family for signs of infection
- Touch the infected area as little as possible
- Take your pet to the vet if you believe it has ringworm
- Once children have commenced treatment they do not need to be excluded from school.

Further information can be found at [www.nhs.uk/conditions/ringworm](http://www.nhs.uk/conditions/ringworm)





# DOHA ENGLISH SPEAKING SCHOOL

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## Scarlet Fever Information Sheet

### What is Scarlet Fever?

Scarlet Fever, also known as Scarletina is a bacterial infection. Scarlet Fever is highly contagious and is spread from secretions from the nose and throat when a person coughs or sneezes. Scarlet Fever can occur in a person who has recently had a Streptococcal infection of the skin or throat.

Scarlet Fever usually affects the pharynx (back of the throat) but can also affect the skin. Scarlet Fever is most common among 4-8 year olds but can affect any age group. Scarlet fever is not a dangerous disease but does require immediate treatment.

### What are the symptoms of Scarlet Fever?

Symptoms can vary from person to person. Not all symptoms may occur together. Symptoms usually occur 2-4 days after infection occurs.

Below is a list of the most common signs and symptoms of the disease:

- Sore throat
- Swelling of glands in the neck
- Tonsils may be covered in a white discharge
- Mild or widely spread bright red rash
- Rash appears to be fine and will fade under pressure
- Rash may have sandpaper feel to it
- Rash mainly occurs on neck/chest and in folds of the body, such as the elbows and inner thighs
- Flushed cheeks
- Strawberry coloured tongue
- High fever
- Nausea and vomiting
- Headache.

### How will I know if my child has Scarlet Fever?

**Please be aware that there are still common viral illnesses such as colds and flu in the school community. If you are unsure of your child's diagnosis and he/she presents some of the common symptoms as above, then a visit to the doctor is advised.**

Diagnosis will be made by a doctor from the presentation of symptoms or from the analysis of a swab taken from the back of the throat.

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## **What is the treatment for Scarlet Fever?**

Scarlet Fever will very quickly become non-infectious with the treatment of oral antibiotics. It is highly important to take your child to a doctor if they present any of the above symptoms. If the illness is untreated it can remain infectious for a further 2-3 weeks.

Paracetamol and/or Brufen based medications can be used to treat symptoms such as headache and fever.

### How long should my child be absent from school if they have been diagnosed with Scarlet Fever?

It is recommended that children with Scarlet Fever should stay off school for at least 5 days after commencing antibiotic treatment. Please check with a doctor for confirmation of this.

More Information can be found at [www.nhs.uk/conditions/scarletfever](http://www.nhs.uk/conditions/scarletfever)







# DOHA ENGLISH SPEAKING SCHOOL

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## Seasonal Flu information sheet

Flu is a common infectious viral illness spread by coughs and sneezes. It can be very unpleasant, but you'll usually begin to feel better within about a week.

You can catch flu, short for influenza, all year round but it's especially common in winter, which is why it's also known as "seasonal flu".

It is not the same as the [common cold](#). Flu is caused by a different group of viruses and the symptoms tend to start more suddenly and can be more severe and last longer.

Some of the main symptoms of flu include:

- a high temperature (fever) of 38C (100.4F) or above
- tiredness and weakness
- a [headache](#)
- general aches and pains
- a dry, chesty [cough](#)

Cold like symptoms such as a blocked or runny nose, sneezing, and a [sore throat](#) can also be caused by flu, but they tend to be less severe than the other symptoms you have.

Flu can make you feel so exhausted and unwell that you have to stay in bed and rest until you feel better.

### **What to do**

If you are otherwise fit and healthy, there is usually no need to see a doctor if you have flu-like symptoms.

The best remedy is to rest at home, keep warm and drink plenty of water to avoid [dehydration](#). You can take [Paracetamol](#) or [Ibuprofen](#) to lower a high temperature and relieve aches if necessary.

Stay off work or school until you are feeling better. For most people this can take up to a week.

## When to see your doctor

Consider visiting your doctor if:

- you are 65 years of age or over
- you are pregnant
- you have a long-term medical condition such as [diabetes](#), heart disease, lung disease, [kidney disease](#), neurological disease or have a weakened immune system for example, because you are having [chemotherapy](#).
- you develop [chest pain](#), [shortness of breath](#) or difficulty breathing, or start [coughing up blood](#)
- your symptoms are getting worse over time or haven't improved after a week

In these situations you may need medication to treat or prevent [complications of flu](#). Your doctor may recommend taking antiviral medicine to reduce your symptoms and help you recover more quickly.

## How long does flu last and is it serious?

If you have flu you generally start to feel ill within a few days of being infected.

You should begin to feel much better within a week or so, although you may feel tired for much longer.

You will usually be most infectious from the day your symptoms start and for a further three to seven days. Children and people with weaker immune systems may remain infectious for longer.

Most people will make a full recovery and won't experience any further problems, but elderly people and people with certain long-term medical conditions are more likely to have a bad case of flu or develop a serious complication, such as a [chest infection](#).

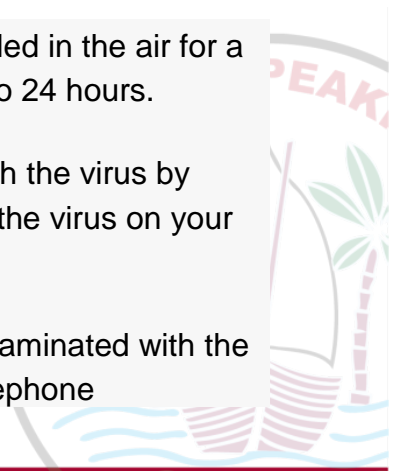
## How you catch flu

The flu virus is contained in the millions of tiny droplets that come out of the nose and mouth when someone who is infected coughs or sneezes.

These droplets typically spread about one meter. They hang suspended in the air for a while before landing on surfaces, where the virus can survive for up to 24 hours.

Anyone who breathes in the droplets can catch flu. You can also catch the virus by touching the surfaces that the droplets have landed on if you pick up the virus on your hands and then touch your nose or mouth.

Everyday items at home and in public places can easily become contaminated with the flu virus, including food, door handles, remote controls, handrails, telephone



handsets and computer keyboards. Therefore, it is important to wash your hands frequently.

You can catch flu many times, because flu viruses change regularly and your body won't have natural resistance to the new versions.

### **Preventing the spread of flu**

You can help stop yourself catching flu or spreading it to others with good hygiene measures.

**Always wash your hands regularly with soap and warm water**, as well as:

- regularly cleaning surfaces such as your computer keyboard, telephone and door handles to get rid of germs
- using tissues to cover your mouth and nose when you cough or sneeze
- putting used tissues in a bin as soon as possible

You can also help stop the spread of flu by avoiding unnecessary contact with other people whilst you are infectious. You should stay off work or school until you are feeling better.

In some people at risk of more serious flu, an annual flu vaccine (see below) or antiviral medication may be recommended to help reduce the risk of becoming infected.

### **The flu vaccine**

The flu vaccine is available in Doha for those who require it, at Hamad Primary Health Care centres and also at the private health clinics.

The flu vaccination is recommended for those

- adults over the age of 18 at risk of flu with an underlying medical condition
- those over 65 years
- children and adults with a weakened immune system.

Further information can be found [www.nhs.uk/conditions/flu](http://www.nhs.uk/conditions/flu)







# DOHA ENGLISH SPEAKING SCHOOL

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## Threadworms Information Sheet

Threadworms are small intestinal parasites that infect the intestines of humans. Threadworm, also known as pinworm is the most common worm parasite infestation. It is common amongst small children, although any age group can be infested with the parasite. Transmission is only from human to human and animals can neither catch nor pass threadworms to humans.

Male worms tend to only stay in the intestine, however female worms lay their eggs around sensitive and private areas. Eggs are usually laid at night time when the female worm also secretes an irritant mucous. If a child scratches the very irritated/itchy areas then eggs can stick under fingernails and on fingertips and can be transferred to the mouth where re-infestation can occur. When eggs are swallowed they hatch in the intestine and worms can reproduce once they reach adult size.

### Symptoms

- Itching around private areas, more intense at night
- Persistent infestation; loss of appetite/severe irritability/weight loss
- Constipation and/or diarrhoea.,

**Threadworms do not always produce symptoms therefore all members of the household should be treated.**

### Diagnosis

Threadworms are difficult to see due to their colour and size. The worms resemble pieces of small white cotton thread, hence their name. Threadworms may be detected at night when they are most active and laying their eggs. Sometimes worms can be seen in faeces.

Usually threadworms only become apparent when a child is constantly itching private areas, especially at night.

### Treatment

Treatments are aimed at preventing re-infestation and getting rid of the parasites themselves. Following strict hygiene procedures ( **especially handwashing**) and taking medication to remove threadworms will treat the problem.

- **PLEASE VISIT A PHARMACIST OR DOCTOR IF YOU BELIEVE YOUR CHILD OR SOMEBODY IN YOUR FAMILY IS INFESTED WITH THREADWORM**
- **MEDICATION MUST BE TAKEN OTHERWISE INFESTATION WILL CONTINUE INDEFINITELY AND MAY SPREAD TO OTHER PARTS OF THE BODY**
- **REMEMBER ALL FAMILY MEMBERS MUST BE TREATED**

Your pharmacist or doctor can recommend over the counter medication for threadworm that are often taken twice initially and two weeks after first dose, to ensure any surviving worms that hatched later are killed.

More information can be found at [www.nhs.uk/conditions/threadworms](http://www.nhs.uk/conditions/threadworms).



# DOHA ENGLISH SPEAKING SCHOOL

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## Warts and Verrucas Information Sheet

Warts are usually harmless, but may be unsightly. Warts on the feet are called verrucas and are sometimes painful. Warts and verrucas usually clear in time without treatment. If required, they can often be cleared more quickly with treatment. For example, by applying salicylic acid, or by freezing with liquid nitrogen or a cold spray, or by covering with tape.

### What are warts and verrucas?

- **Warts** are small rough lumps on the skin. They are caused by a virus (human papillomavirus) which causes a reaction in the skin. Warts can occur anywhere on the body but occur most commonly on hands and feet. They range in size from 1 mm to over 1 cm. Sometimes only one or two warts develop. Sometimes several occur in the same area of skin. The shape and size of warts vary, and they are sometimes classed by how they look. For example: common warts, plane (flat) warts, filiform (finger-like) warts, mosaic warts, etc.
- **Verrucas** are warts that occur on the soles of the feet. They are the same as warts on any other part of the body. However, they may look flatter, as they tend to get trodden in.

### Who gets warts and verrucas and are they harmful?

Most people develop one or more warts at some time in their life, usually before the age of 20. About 1 in 10 people in the UK has warts at any one time. They are not usually harmful. Sometimes verrucas are painful if they press on a sensitive part of the foot. Some people find their warts unsightly. Warts at the end of fingers may interfere with fine tasks.

### Are warts contagious?

Yes, but the risk of passing them on to others is low. You need close skin-to-skin contact. You are more at risk of being infected if your skin is damaged, or if it is wet and macerated, and in contact with roughened surfaces. For example, in swimming pools and communal washing areas.

You can also spread the wart virus to other areas of your body. For example, warts may spread round the nails, lips and surrounding skin if you bite warts on your fingers, or nearby nails, or if you suck fingers with warts on. If you have a poor immune system you may develop lots of warts which are difficult to clear. (For example, if you have AIDS, if you are on chemotherapy, etc.)

- To reduce the chance of passing on warts to others:
  - Don't share towels.
  - When swimming, cover any wart or verruca with a waterproof plaster.
  - If you have a verruca, wear flip-flops in communal shower rooms and don't share shoes or socks.
- To reduce the chance of warts spreading to other areas of your body:
  - Don't scratch warts.
  - Don't bite nails or suck fingers that have warts.
  - If you have a verruca, change your socks daily.

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## To treat or not to treat?

**There is no need to treat warts if they are not causing you any problems.** Without treatment, about 3 in 10 warts have gone within 10 weeks, and most warts will have gone within 1-2 years, and leave no scar. The chance that a wart will go is greatest in children and young people. Sometimes warts last longer. In particular, warts in older people are sometimes more persistent and may last for several years.

Treatment can often clear warts more quickly. However, treatments are time-consuming and some can be painful. Parents often want treatment for their children, but children are often not bothered by warts. In most cases, simply waiting for them to go is usually the best thing to do.

## Treatment Options

The three most commonly used treatments are:

- Salicylic acid.
- Freezing treatment.
- Covering with duct tape.

## What about swimming?

A child with warts or verrucas should go swimming as normal. Warts can be covered with waterproof plasters. A verruca can also be covered with a waterproof plaster but some people prefer to wear a special sock which you can buy from pharmacies. It is also a good idea to wear flip-flops when using communal showers, as this may reduce the chance of catching or passing on virus particles from verrucas.

Further information can be found at [www.nhs.uk/conditions/warts-varruccas](http://www.nhs.uk/conditions/warts-varruccas)





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## TRAINED FIRST AIDERS

### First Aiders:

Janine Al Darwish - Admin  
Julie Flanagan - Library  
Tracy Frame – FS2  
Kylie Saunders – FS1  
Nicola Murray – Health and Safety  
Sue Macfarlane – Admin  
Emily Kelly (RN) – PE  
Amy Jones – FS1  
Tamsin Gallagher – FS1  
Tonia Mullins – FS1  
Liz Holloway – FS2  
Shereen Hassan – FS2  
Fowzia Mohammed – FS2

### To qualify end September 2016

Neal Gough – PE  
John Gee – Year 1  
Sarah Harper – Year 1  
Colette Forrest – Year 2  
Tracey Flannigan – Year 2  
Melinda Craig – Year 3  
Emma Cywinski – Year 3  
Kathy Rangeley – Year 4  
Nicola Allen – Year 4  
Aaron Bradley- Year 5  
Holly Williams – Year 5  
Mikyla Hull – Year 6



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## Weather Guidelines

The Headteacher or his delegate is responsible for any decisions made regarding the weather, using the following points as a guideline. A weather station in the school foyer is available for measuring temperature, humidity and windspeed.

- Rain: should the open areas be deemed unfit for use, then inside play will be instituted. In the case of outside PE sessions, these will be held indoors as appropriate. As a result of heavy rainfall, the pitch and swimming pool may be deemed unsafe for use.
- Thunder and lightning: Outside activities may continue, but swimming activities will cease immediately.
- Wind: Activities can continue in strong winds, if there is no danger of equipment becoming airborne, or debris becoming dangerous.
- Dust: If levels can be measured and monitored, then the maximum acceptable level is 10 mg/m<sup>3</sup> for an 8 hour period. Air-conditioner filters are to be serviced regularly.
- Heat: Should the temperature exceed 44°C, exposure should be kept to a maximum of 20 minutes at any one time. Water must be available and hats are to be worn. An inside area will be made available for those who do not wish to be outside. Management will advise if deemed too hot.
- Earthquake: Sound alarm, and children and adults to evacuate to the field, following fire drill procedures.



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