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Introduction

1. This Procedure sets forth the principles and procedures under which the Medical Center shall operate. This Procedure has been drafted considering provisions of Armenian national regulations as far as they apply to the Medical Center, as well as international best practice standards.
2. The aim of the Medical Center is for the team of School Senior Doctor and School Nurses to provide quality routine and emergency medical care and services to Patients. This is in accordance with the guiding statement of the School which confirms the determination to ensure the safety and health of all members of the School community, most importantly Students.
3. The SD and Nurses are aware of the duty of care they have to the Patients, and the need to act in a professional and ethical manner, adhering to their professional standards at all times.
4. The School in general and the Medical Center confirm their duty to:
 - ☐ Support Students with medical conditions;
 - ☐ Not to disadvantage Students with medical conditions as compared to their peers;
 - ☐ Take reasonable steps to ensure that Students and Staff Members are not exposed to risks in their health and safety.

A. Legal Basis of Medical Center Operations

5. The Medical Center operates under License N ԿԲՕ-002195 as of 02.11.2016, granted by the Ministry Health of the Republic of Armenia. A copy of the license is attached to this Procedure as Annex 5.
6. Under the license the Medical Center provides out-patient services of the following types: family care, child care.
7. The Medical Center provides medical care and services to Patients as defined below as well as in case of emergencies to School visitors.
8. There is a limited scope of medical care and services type, that the Medical Center can provide. In case of additional or specific services are required, Patients can be referred to the Dilijan Medical Center or any medical institution / individual practitioner (selected in accordance with provisions of Armenian laws regulating the practice selection for minor and adults' citizens of the Republic of Armenia and minor and adults foreign citizens / individuals without nationality).

B. Definitions

- **“Procedure”** means this Procedure on the School’s Medical Center operations;
- **“School”** means the DILIJAN INTERNATIONAL SCHOOL OF ARMENIA Foundation or the United World School Dilijan School;
- **“SD”** or the **“Senior Doctor”** means the School Senior Doctor, who qualifies as a senior medical staff member in accordance with the requirements of the Armenian legislation and who has a qualification to provide medical care and medical services in accordance with the Medical Service license;
- **“Patient”** means a patient of the Medical Center, that includes a School student (a citizen of the Republic of Armenia or a foreign citizen / a person without nationality), School teacher and whole staff participating in the education process of the School and their family members (a citizen of the Republic of Armenia or a foreign citizen / a person without nationality) ;
- **“Nurse”** means the nurse who qualifies as a mid/junior medical staff member in accordance with the requirements of the Armenian legislation;
- **“National Regulation/s”** means the set of rules set forth by the state and/or local authorities (including an authorized local authority);
- **“Medical Center”** means the medical center, operating at the premises of the School;
- **“Student”** means a citizen of the Republic of Armenia, a foreign citizen or an individual with no citizenship accepted as a student to the School based on the applicable rules and procedures;
- **“Toon Parent”** means a School staff member, who is responsible for a group of students in the residences in loco parentis;
- **“Staff Member”** means all persons employed by the School, providing services to the School or performing works for the School, or otherwise engaged in the School’s activities (including but not limited to volunteers, partners, etc.);
- **“Medical Staff”** means the Senior Doctor and the Nurses;
- **“Project Week”** means the project weeks organized and held within the School CAS (Creativity, Activity, Service) program;
-
- **“IHCP”** means the *individual health care plan* prepared and periodically reviewed for Students with continuing medical conditions;
- **“Medical Questionnaire”** means a questionnaire prepared by the Medical Staff and send out to Students and their legal representatives before the Student joins the School;
- **“Designated Staff”** means a Staff Member, who was designated and trained to perform the duties of a Designated Staff member as defined herein;
- **“Head of Residential Life”** means the staff member in charge of the Residential team and all Residential matters, including the medical center.

C. Provision of Medical and Nursing Care

9. The SD is responsible for medical supervision of the Medical Center. The Senior Doctor must be fully qualified to practice within RA, and undertakes regular study, appraisal and revalidation in accordance with national requirements.
10. The SD has a duty to accept and care for all Patients and in case of emergencies School visitors.
11. During their stay at the School, all Patients are encouraged to consult with the SD for provision of general medical care and services. There is nothing however to prevent Patients consulting other medical practitioners if they so wish but this will be at their own expense and the School cannot accept responsibility medical care over which they have no choice or control.

12. Medical Staff must have undertaken sufficient study on topics relevant to their current employment, including attending regular relevant training courses. They must have adequate experience for their work and/or receive appropriate training. The decision as to the training, experience and qualification required for the Nurses is one for the SD.
13. Medical Staff should have a sufficient use of English to be able to communicate with the Patients. If a Nurse can show he or she is actively studying English and the SD is satisfied that this is the case, then a Nurse may be employed on that basis but must have reached the required standard of English within six months of taking up employment.

D. Medical Care and Services to be Provided based on National Regulation

- Under Annex 11 of the Decree of the Minister of Health of the Republic of Armenia N 70-Ն as of 1 November 2013, following medical care and services are to be provided within an educational institution:
 - i. Early performance of screening- testing (weight, height, blood pressure, hearing, sight, external deviations, and other);
 - ii. General and ongoing supervision of sanitary and hygienic situation;
 - iii. With the support parents, providing for the periodic examination of children at the local clinics;
 - iv. If these are taking place, participation in the mass immunization works;
 - v. Recording of performed vaccinations; ensuring a close connection with local clinics;
 - vi. Mastering of first aid skills and provision of first aid, when necessary enduring the child's transportation to a medical institution;
 - vii. Assessing the health condition of school age children based on information provided during the enrollment, to define the level of participation at physical education classes and the intensively of the level of physical activity; First aid to the sick and those with injuries;
 - viii. Ongoing supervision of the provided food;
 - ix. Identifying infectious and parasite disease; organizing sanitary – hygienic and anti-epidemic events;
 - x. Ensuring communication with the school leadership, students and parents; organizing broad advocacy works with parents and students regarding healthy lifestyle, alimentation, increasing the level of knowledge about health and hygiene issues;
 - xi. Monitoring the absences among the students, clarifying the reasons of absence (together with the supervising teacher), especially if the epidemic risks increases;
 - xii. Knowledge of teenage- specific issues, participating in the realization of health care and sex education programs;
 - xiii. Providing “sympathetic medical services to teenagers”, including providing consultation in a confident atmosphere and preserving the student's confidentiality related to issues of reproducing health, sexually transmitted diseases, bad habits, mental health, healthy lifestyle;
 - xiv. Keeping records in the School Google Drive;
 - xv. Ensuring communication with the local ambulatory – clinic institution (the head of school – preschool division, the local pediatrician);
 - xvi. At the beginning of every academic year, ensuring that every student enrolling to the School has medical documents (a medical card).
 - xvii. If cases of infectious disease are detected, relevant record keeping, and the urgent transmission card shall be provided in accordance with procedures set forth by National Regulations¹.

¹ As of the date this Policy is approved these issues are regulated by the Decree of the Minister of Health as of 17.12.2010 N 35-N; Decree of the Minister of Health as of 20.10.2010 N 21-N

E. The Duties of the Senior Doctor

14. The SD's duties are:
- a) To ensure that the Medical Center complies with the National Regulations provisions, considering clause E above;
 - b) To be available as needed at the Medical Center to deal with emergencies and any Patients who feel the need to consult. It is accepted that the SD cannot always be available, but the SD should ensure that a suitably qualified Nurse is available to deal with emergency situations;
 - c) At other times to see Patients by appointment at the request of the Patient, Nurse, or a Toon Parent requesting an appointment for a Student;
 - d) To keep under regular review of all Patients with long term medical conditions or on regular/repeat medication in accordance with their IHCP;
 - e) To carry out and organize a screening medical examination of Students on entry to the School and at any other time considered necessary;
 - f) To carry out and organize a screening medical examination of Staff Members on entry to the School and at any other time when considered necessary or required so under National Regulations;
 - g) To advise support and as necessary train nursing staff;
 - h) To liaise with Staff Members and when necessary arrange for relevant training regarding physical and mental health and fitness of individual Students²;
 - i) To liaise with parents or legal representatives of the Students, as well as individuals mentioned as emergency contacts by the Students' parents or legal representatives when needed (this may be deputed to Nurse where appropriate);
 - j) To liaise with the Staff Members' emergency contacts when needed (this may be deputed to Nurse where appropriate);
 - k) To advise on prevention of accidents and sports injuries;
 - l) To ensure that she/he or a suitable deputy is available at all times to deal with medical emergencies;
 - m) To ensure that the Senior Doctor as well as other Medical Staff members undergo preliminary (and when required periodic) health checks and medical examinations in accordance with the rules set forth by National Regulation³;
 - n) To organize regular audits of the Medical Center, including but not limited to record keeping.
15. Students can freely choose whether or not they are accompanied by the School Nurse or another Staff Member when being seen by the Senior Doctor.

F. Nurses

16. Nurses working in the Medical Center must be qualified to do so under Armenian law.
17. The Nurses have access to SD (or deputy) for professional guidance and consultation.

² When reasonably possible the Student's confidentiality shall be preserved.

³ Government Decree N 347-Ն as of 27.03.2003.

G. The Duties of the Nurses

18. The Nurses shall have the following duties:-

- a) Assisting the SD in the performance of his or her obligations set forth herein and by National Regulation;
- b) Managing the Medical Center and ensuring good infection control and sterility practice is maintained;
- c) Together with the SD carrying out day to day medical and nursing care for Patients;
- d) Be available at the Medical Center with and without SD when on duty;
- e) Administration of medicines (under protocol established by the SD);
- f) Managing Patients with continuing medical conditions;
- g) Supporting Toon Parents in their care for the Students;
- h) Liaising with the Staff Members, Students' parents or legal representatives, Patients emergency contacts where appropriate;
- i) Carrying out first aid and managing accidents, including sports injuries;
- j) Covering major sporting fixtures;
- k) Advice on and refer to the corresponding clinics for immunizations under the supervision of the SD;
- l) Giving travel health advice;
- m) Pastoral care, working alongside teaching and boarding staff, the Wellbeing coordinator, Students' parents and legal representatives;
- n) Preparing traveling first aid kits for outdoor activities such as hiking, excursions, tours and Project Weeks;
- o) Equipping and stocking Medical Center⁴;
- p) Preparing the Medical Questionnaire to be completed by all Students and countersigned by their parents or legal representatives.

This Policy should be kept up to date by the Nursing staff supervised by the SD and must be available in the Medical Center for supply nurses and on hand-over.

H. Awareness of Student Protection

- 19. The Medical Center is an important part of the School Student protection system and the School pastoral system as any problems may first manifest themselves as matters brought to the attention of the Medical Staff.
- 20. In the event of there being any matters which are felt by the Medical Staff to possibly be indications of concerns but which fall short of matters that should be brought to the attention of the School DSL or DDSL should consult with the relevant Toon Parent responsible for the Student in question.
- 21. If matters are so clear or serious that they need immediate attention, then they must be reported to the DSL immediately.

I. Toon Parents⁵

- 22. Toon Parents must refer any Student with a medical problem continuing for longer than 48hrs (or sooner if any concerns or the Student is running a temperature) to the Medical Center.
- 23. They are responsible for medical care of Students in the Toons with advice and support of the SD. No medical treatment, "homely remedies" or medicines must be given by the Toon Parents without the knowledge of a SD.
- 24. No medicines shall be given to Students by Toon Parents or any other Designated Staff member without the knowledge and approval of the SD.

⁴ Appendix 2 to the Order of the Minister of Health N 12-Ů defines the list of necessary medicine and medical equipment available at a school medical cabinet.

⁵ For the purposes of this section and within the policy, a Toon Parent can be considered as a Designated Person.

25. In the event the SD delegates work to non-medical Designated Staff, adequate training, supervision and support must be in place.

J. Care of Visitors

Only emergency treatment will be provided by the School Medical Center to visitors. Such treatment will be with the informed consent of the visitors and on the basis that care of such visitors will be passed on to their chosen medical practitioners at the earliest opportunity.

K. Facilities

26. The Medical Center comprises of a waiting area, exam and treatment room, SD exam and treatment room, room with beds for boys, room with beds for girls, isolation room, dentist room.
27. The Medical Center is suitably equipped and has access for patients as well as for ambulance or emergency contacts collecting ill or injured patients.

L. Equipment

28. The SD is responsible for ensuring that the medical equipment is up to date, all available medication is within date and for advising the Senior Management Team on the need for such further equipment as is required.
29. SD shall ensure that Medical Staff are trained (including refresher training and updates) to properly use the available equipment.

M. Medical Questionnaire

30. The SD shall prepare a Medical Questionnaire to be sent to each student before they join UWCD. It is for the SD to decide the details of the questionnaire but it must include:-
- a) Significant past +current medical problems, including any continuing medical condition.
 - b) Medication.
 - c) Allergies.
 - d) Immunizations.
 - e) Any problems with mental health.
 - f) Family history sufficient to enable the identification of any risk factors for medical or mental health.
31. All possible steps shall be taken to ensure that Students come to UWCD with full copies of their medical (including mental health related) records, translated into English or Armenian.

N. Preliminary Medical Examination

32. Routine health check and medical examination is conducted by SD and School Nurse for Students on School entry alongside a consideration of the responses to the Medical Questionnaire. Subsequent examinations are arranged only if indicated.
33. The Medical Staff shall ensure that Staff Members who directly participate in the educational and tutoring process and who directly serve the Students undergo preliminary (and when required so) periodic health checks and medical examination in accordance with the rules set forth by the National Regulation⁶.

⁶ Government Decree N 347-Ն as of 27.03.2003 sets forth the rules in accordance to which Staff Members shall be examined.

34. The Medical Staff shall ensure that Staff Members who work at the School canteen undergo preliminary (and when required so) periodic health checks and medical examination in accordance with the rules set forth by the National Regulation⁷.
35. The Medical Staff shall ensure that Staff Members who are physical education trainers, gym and swimming pool staff undergo preliminary (and when required so) periodic health checks and medical examination in accordance with the rules set forth by the National Regulation⁸.
36. The Medical Staff shall ensure that Staff Members who are employed as drivers undergo preliminary (and when required so) periodic health checks and medical examination in accordance with the rules set forth by the National Regulation⁹.
37. Records of the preliminary (and when required so) periodic health checks and medical examination shall be kept in accordance with the National Regulation¹⁰.
38. If based on the Medical Questionnaire and the medical examination the Student requires an IHCP, the SD in cooperation with the Student, the Student's parents/legal representatives and the practicing doctor drafts the relevant IHCP.

O. Records

39. Medical Questionnaires shall be filed together with the Student's medical records.
40. Personal medical records are strictly confidential. Written records are to be kept securely locked in a filing cabinet in the Medical Center.
41. Electronic medical records shall be filed in a way to protect the files from unauthorized use and access.
42. Adequate, contemporaneous written or computerized medical and nursing records shall be kept of all attendances at the Medical Center including nature of problem and treatment.
43. Adequate records shall be kept identifying: all medicine, obtained by the Medical Center; the actual storage of medicine at the Medical Center; the provisions / administration of medicine (the person to whom it was provided/administered, the quantity, the purpose it was provided / administered); expiry dates; all medicine disposed.
44. Medical records shall promptly identify the Patient's parents (legal representatives), emergency contacts, carrier (GP).
45. A record is kept on MyConcern of all injuries resulting in A+E attendance, from which statistics are compiled to include in the SD's annual medical report, in order to assess any trends.

P. Long Term Medical Conditions

46. Patients with long term medical conditions, with disabilities, or requiring special treatment or management because of health, emotional or welfare needs are to be given suitable support in compliance with their personal IHCP.
47. The Medical Staff together with the members of the DSL shall identify those staff members and/or Students, who shall be made aware of the Patient's respective long term medical condition.

⁷ Government Decree N 347-Ů as of 27.03.2003 sets forth the rules in accordance to which the canteen staff shall be examined.

⁸ Government Decree N 347-Ů as of 27.03.2003 and Decree of the Minister of Health N 534-Ů as of 17.05.2006 sets forth the rules in accordance to which the canteen staff shall be examined.

⁹ Government Decree N 347-Ů as of 27.03.2003 sets forth the rules in accordance to which the drivers shall be examined.

¹⁰ Government Decree N 347-Ů as of 27.03.2003

48. When appropriate the Medical Staff shall organize and hold trainings for the Patient with long term medical condition (e.g. for cases of medicine self-administration), as well as those staff members and/or Students, who have been made aware of the Patient's long term medical condition.
49. The SD shall undertake periodic reviews of the IHCPs.
50. If a Patient requires emergency medication, staff and/or Students (in case of self-medication) shall be made aware and trained on how to proceed in relevant cases.
51. While making staff members and/or Student aware of relevant cases of long term medical conditions and/or cases where emergency medication might be required, as well as when conducting relevant trainings, the Medical Staff shall always bear in mind the need to protect the Patient's confidentiality, to the extent possible.

Q. Confidentiality of Nursing and Medical Information

52. The SD and Nurses have a duty of confidentiality to all their Patients.
53. In accordance with the National Regulations every major (16 years and above) Patient has the right to require that information about the fact that he/she have addressed to receive medical care or services; information about his/her health condition, information that became known during his/her examination, diagnosis and care procedure be kept as confidential¹¹.
54. In accordance with the National Regulations every minor Patient enjoys the same rights regarding their information being kept as confidential. Legal representatives (parents/guardians) of a minor Patient shall be informed about the Patient's health condition¹², the Patient's examination results, the diagnosis and treatment methods, the related risks, possible ways and consequences of medical treatment medical treatment results.
55. In accordance with the consent forms signed by the Students' legal representatives, the Head of the School, Deputy Head or any person nominated by them in writing can act as the legal representative of the Student for the purposes required by the law of the RA in respect of medical matters. Therefore, those individuals can receive medical information regarding the Student on the same grounds as a legal representative would have.
56. In cases of a long term medical condition, where emergency medication might be required, where the Patient's medical condition demonstrates a case of breach of code of conduct by the Patient (e.g. alcohol or drugs intoxication) or in other cases, it might be necessary to disclose information about a Patient's medical condition to a wider range of individuals. The School will undertake every reasonable step to make sure that the Patient's and/or his/her legal representative's consent be sought before doing so and that any disclosure is made within the necessary scope.
57. The Patient's confidence should always be respected except in the very rare circumstance when, having failed to persuade that Patient to give consent to divulge information, the SD or the Nurse considers that it is in the Patient's best interests, necessary for the protection of the wider School community, or a requirement of the Republic of Armenia law for confidence to be breached and information to be passed to a relevant person or body. If this is done the Patient should normally be informed before doing so. Information about the health condition of patients under the age of 18 shall be provided to the legal representatives thereof.

¹¹ Article 5 (g), Article 16 (e) of the Law of the RA "On Medical Care and Services Provided to Population".

¹² Article 7 of the Law of the RA "On Medical Care and Services Provided to Population".

R. Consent

58. In accordance with the National Regulation, except for cases determined by the law, a Patient's consent is required for a medical intervention¹³. Major Patients can consent to medical intervention on their own behalf.
59. If the Patient is minor, or the Patient's condition does not allow the Patient to express his/her consent, the consent is provided by the Patient's legal representative.
60. In the absence of the Patient's legal representative, if the medical intervention cannot be delayed, the decision on the medical intervention is made by a concilium of doctors, bearing in mind the Patient's best interest, if it is impossible to gather a concilium, the by a doctor individually.
61. In accordance with the consent forms signed by the Students' legal representatives, the Head of the School, Deputy Head or any person nominated by them in writing can act as the legal representative of the Student for the purposes required by the law of the RA in respect of medical matters. Therefore, those individuals can consent on to medical intervention on behalf of a minor Patient. In any event, the Medical Staff shall undertake all reasonable efforts to receive the minor Patient's legal representative's consent.
62. If a minor Patient refuses medical treatment, that Patient must be informed that his or her legal representatives will be informed of the refusal to accept treatment and if, after receiving that warning the minor Patient still does not wish to receive treatment then that Patient's legal representatives must be informed.
63. If a major Patient refuses medical treatment and in the SD's opinion such refusal can be a threat to the general School community, the SD shall refer the case to the School Head.
64. Both minor and major Patients shall be informed that a refusal of treatment that can be a threat to the general School community can be considered as a ground for the termination of their relations with the School.
65. Consent to medical or nursing procedures must be "informed", which involves the practitioner providing sufficient details of the intended treatment including possible side effects. Consent should be obtained at the time of the procedure (or prior to the student entering the School from parent or guardian), including for all immunisations.

S. Contraception and Sexual Health

66. In accordance with the National Regulation, every person, including individuals aged from 10 to 18 have a right to receive information on issues of their sexual health preservation, on sexually transmitted diseases and the consequences thereof¹⁴; every person has the right to receive accurate and full information about sexual and reproductive health, including about the advantages and disadvantages, as well as possible risks of existing means and methods of fertility regulation¹⁵.
67. In accordance with National Regulation individuals aged from 10 to 18 have the right to receive accessible and full medical consultation, as well as when applicable medical support in a friendly and confidential manner regarding maturing, sexual and reproductive health.
68. The Medical Center shall through its staff be proactive in supporting and educating students on issues relating to sexual and reproductive health.

¹³ Article 7 of the Law of the RA "On Medical Care and Services Provided to Population".

¹⁴ Article 9 of the Law of the RA "On Medical Care and Services Provided to Population".

¹⁵ Article 4 (1) (4) of the Law of the RA "On an Individual's Reproductive Health and Reproductive Rights"

T. Medicines Policy

69. This covers management and administration of medicines by Medical and Designated Staff within the School.
70. Medication shall only be prescribed by the SD or by a Nurse so authorized.
71. All medication administered or provided for self-administration / administration by a Designated Staff shall be recorded in the Patient's records kept by SD in School drive.
72. If the SD or, in the absence of the SD, a Nurse so authorizes then medication may be released to the Student for self-administration or to a Designated Staff for administration.
73. The Patient and/or the Designated Staff to whom medication has been provided for administration are responsible to ensure that the medication is not misused, including by third parties.
74. All medicines shall be kept within their original packaging.

U. Management of Alcohol Intoxication in Students

1. In the event of any Student showing signs of being dangerously under the influence of alcohol or any other drug then any Staff Member who observes such signs shall contact the SD or Nurse on duty.
2. On being informed of any Student appearing to be dangerously under the influence of alcohol or any other drug, the SD or Nurse shall attend and assess the situation.
3. Any unconscious Student must be admitted to hospital by ambulance unless the SD considers such action not necessary in the circumstances.
4. Any conscious Student with alcohol intoxication is to be kept under observation by the School Nurse in the inpatient unit, including overnight if necessary, with assistance from a Toon Parent/Designated Person or other Staff Member if there is any aggressive behavior.

V. Specific Functions and Services of the Medical Center

Immunization

1. The SD and/or School Nurses will arrange, administer and record immunisations in accordance as required and with the informed consent of the Student and if appropriate their legal representative.
2. The School Medical Center also provides travel advice and immunisations for Students.

Health Promotion

3. The promotion of health within the School is the duty of the SD and School Nurses: all Students should be encouraged to ask for advice and shall be referred to the Wellbeing Coordinator or other support systems as appropriate.
4. Appropriate posters may be displayed and printed information shall be available for Students to take away. Topics include: diet, weight, exercise, alcohol, illicit drugs and sexual health.

Dental care

5. All Students shall have a routine dental check on arrival. The SD shall refer any dental problems to a local dental practitioner who shall visit the School as appropriate or alternately shall arrange for attendance at a local dental clinic.

Weight Issues

6. All Students have their weight and height measured at School entry medical check. Subsequent routine weighing is done by School Nurses or SD as considered appropriate for overweight or underweight Students.

Eating Disorders

7. Staff are to be encouraged to report behavioral, psychological or physical changes suggestive of eating disorders to School Nurses or SD.
8. The SD is responsible for initial assessment, specialist referral and coordination of care for Students with eating disorders.

W. Insurance

The School has an insurance policy providing medical care and personal accident cover both in School and on School trips.

X. Choice of Medical Treatment

1. The Medical Center takes its care of the Patients very seriously and is aware of which medical facilities within the Republic of Armenia are of the required competence and reliability and will always make referral to such institutions.
2. In the event that any Patient or their legal representative (if relevant) wishes to take advice or to arrange treatment outside the network of individuals and institutions which the School would through the Medical Center recommend they are entirely free to do so but in the event that treatment is not arranged by or through the Medical Center then no responsibility for keeping up with the assigned treatment or any problems that arise therefore can be accepted by the School and the Patient and their legal representative if relevant will be asked to sign the form in Annex 1 to this Procedure in acknowledgement of this.
3. If the Patient or their legal representative (if relevant) consent to a treatment outside the Medical Center (even if the relevant medical institution or medical specialist has been advised by the Medical Staff), the Patient forms independent relations with that medical institution or medical specialist and the School can not be held liable for any consequences arising thereof.

Y. Hospital Procedure

If any Patient has to attend hospital then the Hospital Visits Procedure set out in Annex 4 shall be followed.

Z. The Central Register of Accidents and Accident and Near-Miss Forms

1. The Medical Center is judged to be the place where it is most likely to become aware that an accident has taken place and therefore will be the place where the Central Register of Accidents is kept together with completed Accident and Near Miss Report Forms alongside registering the accidents on MyConcern. Completion of the Register and ensuring that Accident and Near Miss Report Forms are supplied for completion will always take second place to any medical needs.
2. The Nurse on duty under the supervision of the SD is responsible for ensuring that every accident that the Medical Center becomes aware of either on the Campus or off the Campus involving a Student or Staff Member is allotted a sequential number and recorded in the Central Register of Accidents.
3. If a person reporting an accident or a near miss or the person who has suffered injury has not completed an Accident and Near Miss Report Form then the Medical Center should supply them with such a form

and request that it is filled out. If the person who has suffered injury is not for any reason able to complete the Accident and Near Miss Report Form then the injured party's Toon Parent or Designated Staff member shall do so.

4. The Central Register of Accidents and the Accident and Near Miss Report Forms shall be kept in the Medical Center but after any Accident and Near Miss Report Form is received a copy shall be made of it and it shall be supplied to the Business Manager or if no Business Manager is in post to the Operations Manager.

ANNEX 1 Medical Waiver



Student/Legal Representative Medical Waiver

I Student and I
..... the Student's parent or legal representative acknowledge that
we have been advised that any treatment recommended by the medical staff of UWC Dilijan School will be
within a network of specialists and hospitals recognized and approved by the School.

We have decided notwithstanding that advice to seek medical advice/treatment elsewhere and acknowledge
and accept that in so doing we are waiving any right to make any claim against UWC Dilijan School or its staff
in respect of matters arising from keeping up with the assigned advice/treatment or any problems that arise
therefore.

Dated 2023

.....
Student

.....
Student's Parent or Legal Representative

AANNEX 2 Consent to Treatment

Consent to Treatment

Patient/Parental (Legal representative) agreement to investigation, treatment or procedure where consciousness not impaired

Patient details

Patient's surname/family
 name.....
 Patient's first names

 Date of birth Age
 Responsible health professional.....Job title

Patient Medical Information [allergies, etc.]

Statement of Health Professional

(to be filled in by a health professional with appropriate knowledge of the proposed procedure).

I have explained the procedure to the patient/parent/person with parental or delegated parental authority to sign consent (Designated Staff).

In particular, I have explained:

The intended benefit:.....

That serious potential risks are as follows:.....

Instruction on treatment / medicine administration:.....

What the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns raised.

The treatment will/will not involve local anesthesia.

Signed: Date.....

Name (PRINT) Job title

Statement of the Patient/parent (legal representative) / person with parental or delegated parental authority for Patient (Designated Staff)

I agree to having the procedure/treatment described above which has been explained to me.

Signed.....Student Date

I as parent (legal representative) or person with delegated parental authority I agree to the student having the procedure described above

Signed.....Date

Name (PRINT)

Relationship to patient

ANNEX 3 Hospital Procedures

Out-Patient Appointments

1. For a previously arranged outpatient appointment a major Patient need not be accompanied by an adult. The Patient can ask to be accompanied by a someone speaking Armenia.
2. For a previously arranged outpatient appointment a minor Patient need to be accompanied (i) if possible by a legal representative; (ii) if not possible by a Designated Staff. The best option would be that the Designated Staff member speaks Armenian.
3. Transport should be with a School driver where possible but if there is no friend or other person accompanying the Patient should never travel in the front seat of the vehicle (this is also included as a standard instruction to the drivers).
4. In case of an appointment with the possibility of a complicated or potentially distressing diagnosis, there should be a Nurse or a Doctor from the Medical Center accompanying the Patient. In cases where neither are available, an adult member of the School community, competent to deal with the issues likely to arise and, if at all possible, fluent in Armenian should accompany the Patient. If family members are available, they can also be the accompanying adult.
5. Designated Staff members should be informed of all these appointments.
6. If the Designated Staff member does not speak Armenian, an adult member of staff, who can translate, (preferably one on duty) will accompany the Patient to the clinic – the level of English spoken by the doctors to be visited can be ascertained before the appointment. If the School transport is not available for the appointment, the Patient should travel with an adult staff member or if the Patient is a Student – with another Student from the School.
7. In case of a Student travelling with another Student and if the nature of the appointment means that it is appropriate that an adult Staff Member be present arrangements may be made for the Staff Member to meet the Student at the clinic.
8. The Medical Center will inform the reception desk and the relevant Designated Staff that an appointment has been made and whether it is likely to be a distressing appointment or a routine appointment. The reception will inform the Patient and arrange transport and any necessary accompanying adult(s) (or for a Yerevan visit the arrangement for someone to meet the Patient in Yerevan). The reception will also inform the DSL and the Faculty Coordinator (via email) of the appointment for pastoral and attendance reasons. DSL and the TP will decide if the information should be passed to tutors.

Emergency Hospital Visits

9. Patients should be accompanied by an adult member of the School community to hospital and someone competent to translate should be present. It can be the one and the same person.
10. The adult members of the School community should ensure they have the necessary contact details and a mobile so they can keep in touch with the School and if possible medical information about the Patient. The members of CLT on duty and Toon Parents have access to the medical details of allergies via Medical Center drive.
11. Any appointments at the weekend can only be accompanied by the Staff Member on call duty, in case the Medical Staff or translator on duty or another translator is not available, ensuring that at least two members of the pastoral team are on duty at all times.
12. Payment: sometimes drugs prescribed need to be bought and then claimed back so any accompanying adult should ensure that they have cash with them and keep all receipts.

Hospital Stays

13. A Patient, who has to stay in hospital, should be accompanied by an adult member of the School community (preferably Medical Staff or a translator or family member).

14. A phone should be allocated to the Patient during the hospital stay so communications are always open.
15. If possible, it is proposed that for any period of recovery the Patient would return to the campus Medical Center with the permission of the consulting doctor. If for any reason the Patient has to remain hospitalized, then it may not be necessary for them to have an adult presence in the hospital, provided the Designated Staff and the resident doctor remains in contact by phone.

Contacting Parents¹⁶:

16. If the Student is a major, the Medical Staff shall respect the Student's confidentiality even in communication with the Student's parents.
17. If the Student is a minor, he/she shall be explained that Medical Staff has an obligation to inform the Student's parents about the Student's health condition.
18. Both in case of minor and major Students, communication with Parents shall be encouraged, while respecting the Student's confidentiality.
19. If the Student is a minor, parents shall be informed about any change in Student's health condition.
20. The parents should be informed via email. This would usually be after diagnosis and start of the treatment, when there is something clear to report to parents. If the Medical Staff considers the case might have serious implications, the parents shall be informed immediately. The Doctor will be the person responsible for contacting the parent and copying in to the Head of Residential Life.
21. In case of hospital admission parents should be informed immediately via telephone if possible, confirmed by email.
22. Parents will be informed about the general condition of their child within 24 hours (working hours) of admission, unless the child has already been discharged. A detailed update will be provided on the 3rd day after a thorough assessment of their symptoms, unless they have been discharged earlier.
23. In case of serious illnesses, surgical procedure, complications or emergency the parents should be called immediately. If possible this should be done with the Student present or nearby so that they can then talk to their parents in the same call. The decision to call the parents should be made with the Head of Residential Life, and Head can be consulted if clarification is needed.
24. If a prolonged stay in hospital is required, the parents may be asked to come to Armenia or parents may consider transferring the Student to their home country. This can only be done after discussing with the resident doctor, consulting doctors, Head of Residential Life.
25. If a chronic/ long term condition has been discovered after the Student was admitted to the School, the parents should be informed to form an IHCP. An email may be appropriate for this type of information.
26. Language needs would be considered in all communications of this type with parents.

¹⁶ For the purposes of this section the term parent shall also mean legal representatives

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