

REFERRAL CRITERIA AND PATIENT TRANSFER POLICY

AIMS

This policy aims to facilitate the safe, timely and comfortable transfer of patients, by stipulating the types of transfer and escort required.

PURPOSE

The purpose of the policy is to provide direction, guidance and the underlying principles for staff to support safe and appropriate transfer of students. The key to safety is through risk assessment and communication.

For safe transfer to occur, staff must be aware of their role in planning transfers, have access to appropriate tools and guidance, and be supported by relevant school authorities. All patients undergoing transfer must be transferred by a school nurse or PLT who must take responsibility for providing the verbal handover of the patient to the receiving area.

PROCEDURE:

REFERRING STUDENT DURING SCHOOL HOURS

1. Sick or ill looking student will be sent home especially those children with high fever and respiratory symptoms.
 - ✓ An ill looking child may harbor an infection which may be contagious. Parents are strictly advised not to send any sick child to school, so as not to put other children at risk of cross infection. A sick child has a lowered immune system and sending him/her to school makes him/her more vulnerable to other undetected infections from the school environment or from other children that may aggravate the condition.
 - ✓ A child found/suspected with a communicable disease such as chickenpox, measles etc. (DHA GUIDELINE: Exclusion from School for Children with Communicable Diseases) will be immediately sent home and will be required to bring a medical clearance once he/she rejoins school. All these cases will be informed to DHA as per the communicable disease notification policy by Health Regulation Department.
2. First aid will be done at school clinic for injuries and medicine will be given with parent's consent prior to pick up.
3. A referral form will be given to parents stating the signs & symptoms observed. First aid applied as well as medicine given during the time the student is isolated at the clinic will be written in the referral form. Any recommendations will also be noted on the form.
4. Parents will be given a clearance form to be able to bring their child home or to a hospital/clinic.
5. Parents will be advised to notify the school clinic for any findings by their Pediatrician. Advised to inform the school thru Email or phone call if the student will be off for succeeding days.

EMERGENCY REFERRAL/ PATIENT TRANSFER

1. Emergency cases will be dealt with by the school nurse according to Dubai Health Authority and School Health Unit Guidelines.
2. First Aid will be done at school clinic. Upon assessment, for mild cases, parents will be informed of the event and advised to collect their child in the clinic. Doctor's consultation will be highly recommended.
3. For severe emergency cases, the sick/injured child will be brought to the nearest hospital by ambulance. Parents will be immediately contacted by a school authority if the parent couldn't

come to school and pick their child in case of emergency, one of the school nurse or PLT will accompany the child to the hospital.

Implementation Date: September 2020

Review Date: September 2021

Reviewed by: _____
May Ann Angeles, DHA-RN
Lead School Nurse

Approved By: _____
Zara Harrington
Principal

Appendix 1

Child health and school health Immunization Program in Dubai Health Authority:

Recommended Immunization Program for Persons Aged 0 through 6 Years in Primary Health Care—DHA (Updated April 2016)		
National Immunization Program		البرنامج الوطني للتحصين
عند الولادة AT BIRTH	<ul style="list-style-type: none"> • BCG • Hep.B (1st Dose) 	<ul style="list-style-type: none"> • التدرن • التهاب الكبد الوبائي (ب) (الجرعة الأولى)
شهران 2 MONTHS	<ul style="list-style-type: none"> • Hexavalent vaccine {DTaP, Hib, IPV (1st Dose), Hep.B (2nd Dose)}, • PCV (Pneumococcal conjugate Vaccine) (1st Dose) • Rota virus vaccine (1st Dose) 	<ul style="list-style-type: none"> • السداسي {دفتيريا، كزاز، السعال الديكي، المستديمة النزلية، شلل الأطفال العضلي (الجرعة الأولى)} • التهاب الكبد الوبائي (ب) (الجرعة الثانية) { • المكورات الرئوية (الجرعة الأولى) • لقاح الروتا (الجرعة الأولى)
4 أشهر 4 MONTHS	<ul style="list-style-type: none"> • Hexavalent vaccine {DTaP, Hib, IPV (2nd Dose), Hep.B (3rd Dose)}, • OPV (Oral Polio Vaccine) • PCV (Pneumococcal conjugate Vaccine) (2nd Dose) • Rota virus vaccine (2nd Dose) 	<ul style="list-style-type: none"> • السداسي {دفتيريا، كزاز، السعال الديكي، المستديمة النزلية، شلل الأطفال العضلي (الجرعة الثانية)} • التهاب الكبد الوبائي (ب) (الجرعة الثالثة) { • شلل الأطفال الفموي. • المكورات الرئوية (الجرعة الثانية) • لقاح الروتا (الجرعة الثانية)
6 أشهر 6 MONTHS	<ul style="list-style-type: none"> • Pentavalent vaccine {DTP, Hib (3rd Dose), Hep.B (4th Dose)} • OPV (Oral Polio Vaccine) • PCV (Pneumococcal conjugate Vaccine) (3rd Dose) • Rota virus vaccine (3rd Dose) 	<ul style="list-style-type: none"> • الخماسي {دفتيريا، كزاز، السعال الديكي، المستديمة النزلية (الجرعة الثالثة)} • التهاب الكبد الوبائي (ب) (الجرعة الرابعة) { • شلل الأطفال الفموي • المكورات الرئوية (الجرعة الثالثة) • لقاح الروتا (الجرعة الثالثة)
12 MONTHS	<ul style="list-style-type: none"> • MMR (Mumps, Measles, Rubella) (1st Dose) • Chicken Pox (1st Dose) * 	<ul style="list-style-type: none"> • النكاف، الحصبة، الحصبة الألمانية (الجرعة الأولى) • الجدري المائي (الجرعة الأولى) *
15 MONTHS	<ul style="list-style-type: none"> • PCV (Pneumococcal conjugate Vaccine) (4th Dose) 	<ul style="list-style-type: none"> • المكورات الرئوية (الجرعة الرابعة)
18 MONTHS	<ul style="list-style-type: none"> • Tetravalent vaccine (DTaP, Hib) (4th Dose) • OPV (Oral Polio Vaccine) (1st Booster Dose) 	<ul style="list-style-type: none"> • الرباعي {دفتيريا، كزاز، السعال الديكي، المستديمة النزلية (الجرعة الرابعة)} • شلل الأطفال الفموي (الجرعة المنشطة الأولى) • النكاف، الحصبة، الحصبة الألمانية (الجرعة الثانية)

