

Nursery Clinic Requirements

**Health Regulation Department
Dubai Health Authority**

2016

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Acknowledgment

Dubai Health Authority (DHA) is pleased to present the Nursery Clinic Requirements, which represents a milestone towards fulfilling the DHA strategic objectives to improve quality standards in health facilities.

This document places emphasis on clinic designs and services focusing on quality of service and the safety of the children and healthcare professionals based on the local and federal laws.

Therefore, this document provides a base for the Health Regulation Department (HRD) to assess the nursery clinic's performance in the Emirate of Dubai and to ensure safe and competent delivery of services.

**The Health Regulation Department
Dubai Health Authority**

I. Scope

The health facility requirements shall apply to all nurseries located in the Emirate of Dubai, licensed under Ministry of Social Affair or other authorities. It applies to both government and private nurseries and those located in the free zone areas. This document may be amended from time to time at the discretion of Dubai Health Authority (DHA), and will be referred as the Nursery Clinic Requirements.

II. Purpose

DHA is the sole responsible entity for ensuring that all health facilities and healthcare professionals in the Emirate of Dubai provide the highest level of safety and quality patient care at all times through the development, establishment, and enforcement of minimum required criteria for the delivery of services.

1. Introduction

The nursery clinic is a health facility located within the nursery premises intended to provide basic medical care as mandated by the applicable United Arab Emirates (UAE) federal laws and local regulations.

2. Registration and licensing procedures

2.1 To provide nursery clinic services in the Emirate of Dubai, the nursery shall apply for “New facility license” category application.

2.2 Initial Approval

2.2.1 The applicant must create a username and password and submit an application through the online licensing system (Sheryan) along with the following:

2.2.1.1 Schematic design drawing in AutoCAD format of the clinic layout

2.2.1.2 Trade license or trade name reservation

2.2.1.3 Undertaking letter

2.2.1.4 Proposal letter with the number of children the nursery will be accommodating and the number of medical staff.

2.2.1.5 Outsource contract (in case the nursery has a contract with other health facilities to cover the absence of physician and/or nurse).

2.2.2 Based on the documents submitted, HRD will review the material to determine compliance and suitability for further processing. In case the application is rejected, a detailed report of the reason for rejection will be provided.

2.2.3 Once the application is approved, an initial approval letter with defined activities will be issued which will be valid for six (6) months.

2.3 Final inspection

2.3.1 Upon completion of the facility setup requirements, the applicant shall submit an online request for final inspection, upon which HRD shall conduct an onsite pre-operational assessment.

2.3.2 To obtain the DHA license, the applicant must meet the following:

2.3.2.1 Appoint a physician in charge of the nursery’s clinic.

- 2.3.2.2 No objection certificate (NOC) from the nursery's owner to appoint the physician in charge.
- 2.3.2.3 Upload the nursery trade license.
- 2.3.3 Based on the onsite visit and after meeting the DHA's requirement, the physician in charge will be approved, and the nursery shall pay the applicable fees.
- 2.3.4 HRD will issue the nursery clinic license, which shall be granted only upon completion of licensing healthcare professionals required for the services.

3. Nursery clinic design requirements

- 3.1 The nursery clinic is preferred to be on the ground floor.
- 3.2 The nursery clinic shall be minimum nine (9) square meters.
- 3.3 A hand-washing station shall be provided in the nursery clinic room¹.
- 3.4 A nearby toilet shall be accessible for children's use.
- 3.5 Means to provide visual privacy for the children shall be available, such as curtains, or portable screens.
- 3.6 Selected flooring surfaces shall be easy to maintain, readily cleanable, slip-resistant and sustainable for the location.
- 3.7 Security camera can be used in the nursery's clinic, without invading the children privacy.
- 3.8 The nursery clinic shall be made to accommodate handicapped children.
- 3.9 Any physical changes in the nursery clinic design must be in compliance with the local and federal laws.

¹ In existing licensed facilities, where hand-wash station is not available and technically infeasible due to space confinement, the hand wash station shall be provided in the toilet room and hand sanitation dispenser shall be provided in the clinic room.

4. Responsibilities of the nursery clinic in charge

- 4.1 Ensure that the nursery clinic is managed in a manner that guarantees high-quality health services.
- 4.2 The nursery clinic should have in place policies and procedures regarding:
 - 4.2.1. Infection control.
 - 4.2.2. Health record.
 - 4.2.3. Parent's notification.
- 4.3 Ensure that the clinic is clean, properly maintained with adequate lighting and ventilation.
- 4.4 Take necessary measures to distribute new DHA circulars and announcements among the professionals working at the nursery clinic.
- 4.5 Cooperate with HRD inspectors and/or any duly authorized representative, and provide requested documentation or files.
- 4.6 Settle any violations related to non-compliance with the DHA's regulations.
- 4.7 Ensure that the malpractice insurance is maintained for all licensed healthcare professionals.
- 4.8 Ensure that children with certain diseases/conditions are isolated from the nursery as stated in *Appendix 1*.
- 4.9 Ensure referral of children assessed and found to have psychological and/or emotional disorders.
- 4.10 Make necessary arrangements for replacement of DHA licensed healthcare professionals to cover leave of absence of the physician and/or nurse.
- 4.11 Develop/adopt procedures or protocols for documenting and implementing a follow-up and referral plan for children.
- 4.12 Establish policy or procedure and communicate it to the parents or guardians regarding the transfer of children to the nearest care provider in cases of any emergency.
- 4.13 Obtain prior approval from DHA for any health awareness or medical campaigns conducted by external providers.

5. Nursery clinic management

5.1 Nursery clinic shall ensure that:

5.1.1 Parents or guardians are notified of any suspected deviation from normal or usual health found as a result of clinical assessment/physical examination, and/or nursery staff observation.

5.1.2 Medication may be administered after obtaining approval from the parents or guardians.

5.2 Children Health Records:

5.2.1 The nurse shall be responsible for ensuring confidentiality of health records.

5.2.2 A complete, comprehensive and accurate health record shall be maintained for each child.

5.2.3 The record shall include a recent history, physical examination, any relevant progress notes, and immunization records.

5.2.4 Records shall highlight allergies and drug reactions.

5.2.5 The records shall be stored in a secure location with convenient access. In case of having electronic records, the nursery management shall ensure authorization and access based on granted privileges.

5.2.6 Whenever a child transfers to another nursery, a copy of the complete, cumulative health record shall be transferred at the same time to the health personnel of the nursery to which the child is transferring to, or handed to the parent, as appropriate.

5.2.7 Healthcare provider shall be aware of DHA's health record guideline which is available in the DHA website.

6. Emergency and transfer protocols

6.1 The nursery clinic shall be equipped with the appropriate medical equipment, supplies, and basic medication.

6.2 The nursery shall maintain the parents or guardians telephone numbers in case of emergency.

- 6.3 The nursery visiting physician shall be available on call at any given time during nursery operating hours.
- 6.4 In case of child illness or emergency, the child shall be isolated from other children until seen by the physician or transferred from the nursery.
- 6.5 In case of giving the child any medications or treatment, the nurse shall notify the parents or guardian of the child and document it.
- 6.6 There shall be written policies and procedures, which include (but not limited to):
 - 6.6.1 Handling medical emergencies.
 - 6.6.2 Transfer agreement with a reasonably convenient hospital or clinic in terms of proximity.

7. Equipment and safety

- 7.1 The nursery clinic shall have the necessary personnel, equipment and procedures to handle medical and other emergencies.
- 7.2 List of medical equipment and instruments required in nursery clinic available in *Appendix 2*.
- 7.3 All equipment used in patient care shall be maintained according to manufacturers' specifications.
- 7.4 The nursery clinic must comply with Ministry of Social Affairs and Dubai Municipality (DM) regulations or any other relevant authorities.

8. Healthcare professionals requirements

- 8.1 The nursery management shall appoint a full-time DHA licensed nurse to be present during the nursery's operating hours.
- 8.2 The nurse shall hold a DHA license as a Registered Nurse (RN), Pediatric Nurse or School Nurse.
- 8.3 A one-year minimum experience in pediatric setting is required in case the Registered Nurse is appointed to a nursery's clinic.

- 8.4 In case the nurse is absent, the nursery is allowed to recruit a temporary DHA licensed registered nurse from other health facility with identical credentials/experience to be present in the nursery premises all time.
- 8.5 The nursery shall have a contract with a health facility to allow the nurses to be present at the nursery in case the responsible nurse absent. Such arrangement should not exceed one month. Preapproval of HRD is required for such replacement.
- 8.6 As per the Ministry of Social Affairs ministerial decision number (1) of 1989 concerning the Nurseries federal law number (5) of 1983, each nursery shall appoint at least a part-time general practitioner, family medicine or a pediatrician to visit and conduct clinical assessment of children registered in the nursery at least twice (2) a week. This can be achieved by the one of the following:
- 8.6.1 The nursery is allowed to contract with full-time physician licensed by another health facility (with no other part time permissions) to work in multiple nurseries up to four (4) nurseries.
- 8.6.2 Physicians who hold two (2) part time permissions in another health facility (excluding nurseries), such physician can be granted another two (2) part times permissions in nurseries.
- 8.6.3 Nurseries with multiple branches under the same owner is allowed to recruit a full-time physician to cover the nurseries branches, in such case no part time permission required from HRD.
- 8.7 Physician responsibilities
- 8.7.1 As per the Ministry of Social Affairs ministerial decision number (1) of 1989 concerning the Nurseries federal law number (5) of 1983, the physician in the nursery shall:
- 8.7.1.1 Conduct comprehensive clinical assessment and physical examination on children when enrolling.
- 8.7.1.2 Coordinate with the concerned department in DHA to organize and provide the required immunization to prevent infectious diseases; refer to DHA Immunization Guidelines.

- 8.7.1.3 Develop a healthy system for children's dietary intake, which takes into consideration the foods that are desirable to children, easy to prepare and satisfy the nutritional needs of the children.
 - 8.7.1.4 Develop a medical report for each child upon the scheduled monthly screening.
 - 8.7.1.5 Isolate children suffering from contagious or infectious diseases.
 - 8.7.1.6 Conducting regular hygiene and health inspections for the nursery and documenting all the comments in a special register.
 - 8.7.1.7 Conduct a periodic medical checkup on the nursery staff to ensure that they are free from any infectious diseases, and check that all staff hold an official health cards as proof that they are free from infectious diseases.
- 8.8 Nurse responsibilities
- 8.8.1 The nurse shall:
 - 8.8.1.1 Ensure that all medical supplies and equipment needed for first aid and emergency care are available, and in working condition in the nursery clinic (as listed in the standard requirements in *Appendix 2*).
 - 8.8.1.2 Assess children who require first aid care and provide appropriate care when needed.
 - 8.8.1.3 Consult physician for advice or further assessment or management if required.
 - 8.8.1.4 Maintain immunization records of all children.
 - 8.8.1.5 Monitor children who are frequently absent from nursery due to health related problems.
 - 8.8.1.6 Refer children with measurement deviation of growth and development to the physician.
 - 8.8.2 As per As per the Ministry of Social Affairs ministerial decision number (1) of 1989 concerning the Nurseries federal law number (5) of 1983, the nurse shall:

- 8.8.2.1 Prepare health records for children to enable physician to write down medical observations and clinical assessment related to each child.
- 8.8.2.2 Conduct daily medical checkups on children to diagnose and isolate any child suspected as infectious until the child is screened by the physician or transferred to a health facility.
- 8.8.2.3 Provide the recommended medications to children as prescribed by the physician, as per the dosage and time recorded in the child's health record.
- 8.8.2.4 Undertake regular weight and height measurements on regular basis, and documenting the data in the child's health records.
- 8.8.2.5 Conduct daily inspections on the nursery's rooms to ensure adequate ventilation and lighting. In addition inspecting other facilities, including the kitchen and bathrooms (if applicable).
- 8.8.2.6 Supervise the food provided to the children as per the physician's recommendations, as well as the food storage and preparation.
- 8.8.2.7 Provide immediate first aid to children when accident occur.

References

DHA.2014. School Clinic Regulation Available at:

<https://www.dha.gov.ae/Documents/Regulations/School%20Clinic%20Regulation%20New.pdf>.

Nursery Schools Regulations. 2005. Available at:

<http://www.p12.nysed.gov/nurseryschool/regulations/NurserySchoolsRegulations.html>.

Federal Law number (5) of 1983 concerning Nurseries

Ministry of Social Affairs ministerial decision number (1) of 1989 concerning the Nurseries
federal law number (5) of 1983

Appendix 1: Exclusion from Nursery list

Diseases or condition	Incubation period (approximately)	Exclusion of cases	Exclusion of contacts
Chicken pox	From two to three weeks; usually 13-17 days.	Exclude from nursery until vesicles becomes dry or 10 from appearance of rash.	Not exclude
Conjunctivitis's		Until discharge from eyes has ceased.	Not exclude
Diphtheria	Two to five days.	Until cultures are negative, until receipt of a medical certificate of recovery from infection.	Domiciliary contacts excluded until investigate by medical officer and shown to be clear of infection.
Giardiasis (diarrhea)	One to three weeks or longer; or average seven to ten days.	Until diarrhea ceases	Not excluded
Hepatitis A	Fifteen to fifty days; the average twenty eight to thirty days.	Exclude from nursery or work for one week after the onset of illness or jaundice. Until receipt of a medical certificate of recovery from infection or on subsidence of symptoms	Not excluded
Hepatitis B	Sixty to ninety days; the range is forty five to one hundred eighty days.	Until recovered from acute attack	Not excluded
Impetigo (Nursery sores)	Varies	Until sores have fully healed. The child may be allowed to return earlier provided that appropriate treatment has commenced, and that sores on exposed surfaces are properly covered with occlusive dressing.	Not excluded

Diseases or condition	Incubation period (approximately)	Exclusion of cases	Exclusion of contacts
Measles (Rubella)	Approximately ten days, but varies from seven to ten days and may be as long as fourteen days until the rash appears.	Approximately ten days, but varies from seven to ten days and may be as long as fourteen days until the rash appears	Non-immunized contacts must be excluded for thirteen days from the first day of appearance of rash in the last case unless immunized within 72 hours of contact.
Meningococcal Infection	Commonly three to four days, but can vary from two to ten days	Until receipt of a medical certificate of recovery from infection.	Household contacts must be excluded from nursery or child care until they have received appropriate chemotherapy for at least 48 hours.
Meningitis (Viral, Aseptic)	Varies with specific agent		
Mumps	Twelve to twenty five days; commonly eighteen days	Exclusion from nursery, childcare or workplace until nine days after the onset of swelling. Until fully recovered	Not excluded
Pediculosis (Head lice)		Until appropriate treatment has commenced	Not excluded
Pertussis (Whooping cough)	It is commonly seven to ten days; rarely more than fourteen days.	Until two weeks after the onset of illness and until receipt of a medical certificate of recovery from infection	Household contacts must be excluded from attending a children's services center for twenty-one days after last exposure to infection if the contacts have not previously had whooping cough or immunization against whooping cough.

Diseases or condition	Incubation period (approximately)	Exclusion of cases	Exclusion of contacts
Rubella (German Measles)	Sixteen to eighteen days.	Exclude from nursery for at least five days after onset of the rash.	Not excluded
Scabies	Two to six weeks before itching occurs in a person not previously infected If a person is re-exposed it is one to four days.	Until appropriate treatment has commenced.	Not excluded
Shigellosis (Diarrhea)	From twelve hours to four days (usually one to three days)	Until diarrhea ceases	Not excluded
Streptococcal infection including Scarlet Fever	One to three days	Exclude from nursery and children's settings until a medical certificate of recovery from infection has been obtained.	Not excluded
Tuberculosis	From infection to the primary lesion or significant tuberculin reaction; about four to twelve weeks	Until receipt of a medical certificate from a health officer of the department that child is not considered to be infectious.	Not excluded
Typhoid Fevers	One to three weeks (depending on the infective dose from three days to three months)	Until receipt of a medical certificate of recovery from infection	Not excluded unless the physician considers exclusion to be necessary.
Poliomyelitis / Acute Flaccid Paralysis (AFP)	Seven to fourteen days; the range is three to thirty	Exclude from nursery's and children's settings until at least fourteen days after onset of illness and until	

	five days for paralytic cases.	receipt of a medical certificate of recovery from infection	
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Appendix 2: Nursery clinic physical requirement and supplies

A. Standard Fixtures and Furniture

1. Office desk and chairs
2. Filing cabinet/ rack for files
3. Cupboard with lock for supplies and instruments
4. Height adjustable examination couch with washable mattress/impermeable plastic sheet and provision for towel paper to cover it
5. Portable screen (if there are no separate treatment rooms)
6. Non refillable liquid soap dispenser with undiluted liquid soap
7. Disposable paper hand towel dispenser or electric hand dryer
8. Foot operated covered waste disposable bin
9. Refrigerator with ice pack
10. Medium size notice board.

B. Standard Equipment

1. Pediatric height and weight scale
2. Sphygmomanometer with pediatric cuff
3. Stethoscope
4. Eye Chart
5. Percussion Hammer
6. Tuning fork.
7. Torch with batteries
8. Thermometers
9. Measuring tape
10. Kidney tray
11. Galipot/basin
12. Stainless steel dressing trolley (2 layer with castor wheels)
13. Bandage Scissors

14. Pickup forceps
15. Oxygen cylinder with regulator and flow meter
16. Nebulizer
17. Glucometer
18. First Aid Kit
19. Autoclave (if applicable).

C. Standard Supplies

1. Disposable wooden spatulas
2. Disposable hand towels
3. Disposable medicine cups
4. Sterile cotton buds
5. Sterile ear buds
6. Sterile gauze pieces
7. Disposable gloves
8. Gauze bandages of different sizes
9. Splints of different sizes
10. Elastic bandages of different sizes
11. Adhesive plasters of different sizes
12. Band aids
13. Disposable oxygen facial masks
14. Disposable thermometer sleeves/covers.

D. Standard Solutions and Medicines

1. Alcohol 70%
2. Antiseptic solutions
3. Normal saline solution