

School Clinic Regulation

Health Regulation Department

2014





Greetings!

As all of us embark upon our journey to provide a safe and thriving environment for school children, it is important to ensure their well-being and health.

To achieve this, the DHA Regulation Department, in line with international standards, has chalked out an updated set of regulations for school clinics to abide by, in order to provide high-quality health services across all school clinics in Dubai.

The DHA pays significant emphasis to health regulations as it is the cornerstone to ensure high quality healthcare is delivered in Dubai.

With this, I would like to thank you for taking the time to go through the updated regulations and please do not hesitate to contact the DHA health regulation department, should you have any further queries.

Kind regards,

Engineer Essa Al Maidoor
Director-General
Dubai Health Authority.



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Acknowledgment

Dubai Health Authority (DHA) is pleased to present the School Clinic Regulation which represents a milestone towards fulfilling the DHA strategic objectives in providing “A world class integrated health system that ensures excellence in health and healthcare for the Emirate of Dubai and promotes Dubai as a globally recognized destination for healthcare”.

This Regulation places an emphasis on facility design and services criteria with a focus on quality of services and safety of patients based on the local and federal laws in addition to international accreditation standards. Therefore, this document provides a base for the Health Regulation Department (HRD) to assess the School Clinic facilities’ performance in Dubai and to ensure safe and competent delivery of services including professional requirements. It will also assist these facilities in developing their quality management systems and in assessing their own competence to ensure compliance with DHA regulatory requirements and the United Arab Emirates (UAE) federal laws.

The School Clinic Regulation was developed by the Health Regulation Department (HRD) in collaboration with Subject Matter Experts whose contributions have been invaluable. The Health Regulation Department would like to gratefully acknowledge those professionals and to thank them for their dedication to quality in health and their commitment in undertaking such a complex task.

**The Health Regulation Department
Dubai Health Authority**



I. Scope

This regulation applies to all the educational institutions located in the Emirate of Dubai, licensed under educational authorities. It applies to all the private educational institutions and those located in the free zone areas. It highlights the standards in delivering world class health services to the pupils in each educational institution.

This Regulation may be amended from time to time at the discretion of DHA, and will be referred to as the School Clinic Regulation. The latest edition of the document shall be accessed through the DHA website www.dha.gov.ae.

II. Purpose

The Dubai Health Authority is the sole responsible entity for ensuring that all health facilities and 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 School Clinic services the standards in delivering world class health services to the pupils in each educational institution is ensured.

III. Definitions:

Anaphylaxis shall refer to a potentially fatal, acute allergic reaction to a substance (such as stinging insects, foods and medications) that is induced by an exposure to the substance. Manifestations of anaphylaxis may be cutaneous (such as hives, itchiness, swelling), cardiorespiratory (swelling of tongue, throat, wheezing, difficulty breathing, low blood pressure), central nervous system (lethargy, coma) and others.

School nurse shall mean a DHA licensed registered nurse who has pediatric experience.

Confidential health care information means all information relating to a patient's health care history, diagnosis, condition, treatment or evaluation obtained from a health care provider who has treated the patient.

Emergency means a medical or psychological condition where the absence of immediate intervention could reasonably be expected to result in placing the student's health (or another student's health) in serious jeopardy; serious impairment to bodily or psychological functions; or serious dysfunction of any bodily organ or part.



Follow up means the contact with a student, parent as defined herein, and/or service provider to verify receipt of services, provide clarification and determine the need for additional assistance.

Health is the quality of a person's physical, psychological, and sociological functioning that enables him or her to deal effectively with self and others in a variety of situations.

Health education means comprehensive sequential KG through Grade 12 instruction that builds a foundation of health knowledge, develops the motivation and skills required of students to cope with challenges to health and provides learning opportunities designed to favourably influence health attitudes, practices and behavior that will impact lifestyles, educational performance and achievements and long range health outcomes.

Individualized health care plan (IHCP) means a comprehensive plan for care of children with special health care needs developed by the certified school nurse teacher in collaboration with the student, parents/guardians, school staff, community, and health care provider(s), as appropriate.

Medication means a prescription substance regarded as effective for the use for which it is designed in bringing about the recovery, maintenance or restoration of health, or the normal functioning of the body.

Parent means a natural parent, a legal guardian or an individual acting as a parent in the absence of a parent or a legal guardian.

Physician, as used herein, means an individual licensed by Dubai Health Authority to practice medicine.

Prescription means an order for medication signed by a licensed practitioner with prescriptive authority or transmitted by the practitioner to a pharmacist by telephone, facsimile, or other means of communication and recorded in writing by the pharmacist.

Record means any information recorded in any way, including, but not limited to, handwriting, print, tape, electronic storage, computer diskette, film, microfilm, and microfiche.

School means all private schools for students in grades Kindergarten (K) through 12 in Dubai. In addition, a nursery or preschool program operated by or within an approved school shall be considered a "school" for the purposes of the rules and regulations herein.

Student means any individual who is or has been enrolled at an educational agency or institution and regarding whom the agency or institution maintains educational records.



Vision screening as used herein, means a limited series of tests to identify individuals who may have a vision or eye health problem.

IV. Acronyms:

ACLS	: Advanced Cardiac Life Support
CFCs	: Chlorofluorocarbons
DHA	: Dubai Health Authority
DM	: Dubai Municipality
HRD	: Health Regulation Department
IHCP	: Individualized Health Care Plan
PALS	: Paediatric Advanced Life Support
RN	: Registered Nurse
SHU	: School Health Unit



CHAPTER 1: GENERAL REQUIREMENTS



1. Introduction

School clinic is a facility within the school premises intended to provide basic medical care and preventive measures such as immunization programs and health education as mandated by the Dubai Health Authority (DHA).

2. School clinic licensing procedures

Each clinic within the school premises shall obtain a separate license and shall be inspected as per the regulations stipulated in the outpatient care regulation that can be accessed via the DHA website www.dha.gov.ae.

3. School clinic design requirements

3.1. The Health Facility Guidelines: Planning, Design Construction and Commissioning, which is available in DHA website www.dha.gov.ae, is adopted by the DHA for evaluating design submissions for new and renovated healthcare facilities in Dubai, including School clinics.

3.2. Any physical changes in the school clinic design must abide by local and federal laws, and environmental pollution control standards, this include, but not limited to:

3.2.1. Hazardous waste materials storage handling, and disposal.

3.2.2. Medical waste storage and disposal.

3.2.3. Asbestos use in building materials.

3.2.4. Elimination the use of mercury and chlorofluorocarbons (CFCs) in health care, etc.

3.3. Schools shall have a designated area to be utilized for health services including a waiting area, consultation and treatment areas.

3.4. Portable screen (if there is no separate observation room and treatment room) must be provided to ensure gender privacy.

3.5. The new applications for school clinic services shall abide by the following table that specifies the total area requirements.

Students	Area in square meters
< 1000	15
1000-2000	20
2000-3500	40
>3500	Look at the note below



Note: A single school clinic may serve a maximum of 3500 student population. Any additional population will require an extra school clinic with design requirements as mentioned in the table above i.e. for a school clinic with 5000 students there must be two school clinics with an area of 20 sq. meters and 40 sq. meters in separate areas to accommodate all students stages in the school and cover the school premises to facilitate students access.

3.6. Handicapped Accessibility

3.6.1. In compliance with the “*Federal law number 29 for 2006 regarding Special Needs Rights*”, each healthcare facility shall be made accessible to accommodate handicapped individuals.

3.6.2. The following handicapped requirements are mandatory:

3.6.2.1. Handicapped parking within or near the school premises

3.6.2.2. Wheelchair ramps within the school building

3.6.2.3. Accessible physical examination room

3.6.2.4. Handicapped-accessible rest room within the school building

3.6.3. Special arrangements shall be made to see patients if the facility cannot be made handicapped-accessible.

4. Responsibilities of School Administration

4.1. School Administration shall:

4.1.1. ensure that the School clinic is managed in a manner that ensures high-quality health services while recognizing basic patient rights.

4.1.2. ensure the physical environment of the clinic is clean and properly maintained and have adequate lighting and ventilation.

4.1.3. ensure that administrative policies are implemented so as to provide quality healthcare in a safe environment

4.1.4. ensure that the school clinic facilities and personnel meet the DHA requirement.



- 4.1.5. take necessary measures to distribute new DHA circulars and announcements among the professionals working at the school clinic
- 4.1.6. cooperate with Health Regulation Department (HRD) inspectors and/or any duly authorized representative and provide requested documentation or files.
- 4.1.7. settle any violations related to non-compliance with the DHA regulations.
- 4.1.8. ensure that the malpractice insurance is maintained for all licensed healthcare professionals as per article 25 and 26 of the “*UAE Federal Law number 10/2008 concerning Medical Liability*”.
- 4.1.9. maintain the list of school health policies as stated in **Appendix 1**.
- 4.1.10. Ensure that students with certain diseases/ conditions are excluded from school as stated in **Appendix 2**.
- 4.1.11. ensure referral, as appropriate, of children assessed and found to have psychological or emotional disorders like anorexia ,self-harm, addiction, abuse etc.
- 4.1.12. make necessary arrangements for replacement of health professionals to cover leave of absence of the school health doctor or school nurse.
- 4.1.13. develop/adopt procedures or protocols for documenting and implementing a follow-up and referral plan for students identified as needing additional services.
- 4.1.14. establish policy or procedure and communicate it to the parents or guardians regarding the transfer of students to the nearest care provider in cases of an emergency.
- 4.1.15. submit to the Health Data and Information Analysis Department in DHA the required statistical data of the facility.
- 4.1.16. obtain prior approval from the Health regulation Department (HRD) for any health awareness or medical campaigns conducted by external providers
<http://www.dha.gov.ae/EN/SectorsDirectorates/Directorates/HealthRegulation/HealthFacilities/Pages/MedicalHealthAwarenessCampaigns.aspx>



Note: If the school belongs to a school chain that has sufficient school health professionals, then it is permissible for the healthcare staff to rotate within these institutions to cover any leave of absence.

5. School Clinic Management

Managing the school clinic includes the following aspects:

5.1. School clinic shall ensure that:

5.1.1. Students should be treated with respect, consideration, and dignity.

5.1.2. Students have the right to privacy and confidentiality.

5.1.3. Parents and/or guardians shall be notified, of any suspected deviation from normal or usual health found as a result of a screening test (e.g., vision screening), health examination, and/or school staff observation..

5.1.4. Medication may be administered after obtaining approval from the parents/ guardians.

5.2. Student Medical Records:

5.2.1. A legible, complete, comprehensive, and accurate student medical record must be maintained for each patient.

5.2.2. A record should include a recent history, physical examination, any pertinent progress notes, laboratory reports imaging reports as well as communication with other student/ patient personnel.

5.2.3. Records should highlight allergies and untoward drug reactions.

5.2.4. The clinic maintains an Immunization record of all students and prescribe and administer immunization in case applicable as per the DHA guideline <http://www.dha.gov.ae/EN/SectorsDirectorates/Directorates/HealthRegulation/MedicalComplaint/Documents/Immunization%20Guidelines.pdf>.

5.2.5. Specific policies should be established to address retention of active records, retirement of inactive records, timely entry of data in records, and release of information contained in records.



- 5.2.6. Records should be organized in a consistent manner that facilitates continuity of care.
- 5.2.7. Discussions with student/patients concerning the necessity, appropriateness of treatment, as well as discussion of treatment alternatives, should be incorporated into a patient's medical record as well as documentation of executed informed consent.
- 5.2.8. The school health doctor or when designated, the nurse shall be responsible for the complete, cumulative school health record for each student.
- 5.2.9. The record shall be stored in an appropriately secured location with convenient access.
- 5.2.10. Whenever a student transfers to another school at any Grade, a copy of the complete, cumulative school health record shall be transferred at the same time to the health personnel of the school to which the student is transferring or handed to the parent, as appropriate.
- 5.2.11. The health record shall be maintained by the school for a minimum of five (5) years after the student turns eighteen (18) years of age or five (5) years after the student leaves the school .
- 5.2.12. Health records shall include information regarding but not limited to :
- 5.2.12.1. Health history, including chronic conditions and treatment plan.
 - 5.2.12.2. Screening results and necessary follow-up.
- 5.2.13. Immunization status and certification.
- 5.2.13.1. Health examination reports.
 - 5.2.13.2. Documentation of traumatic injuries and episodes of sudden illness referred for emergency health care.
 - 5.2.13.3. For a student with documented anaphylaxis, the parental authorization of a student's treatment for allergies and the physician's order to administer an epinephrine auto-injector shall be entered into the student's health record.



5.2.13.4. Documentation of any nursing assessments completed.

5.2.13.5. Documentation of any consultations with school personnel, students, parents, or health care providers related to a student's health problem(s), recommendations made, and any known results.

5.2.13.6. Documentation of the health care provider's orders, if any, and parental permission to administer medication or medical treatment to be given in school by the school nurse.

5.2.14. Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:

5.2.14.1. Secure records at all times, including confidentiality safeguards for electronic records.

5.2.14.2. Establish, document and enforce protocols and procedures consistent with the confidentiality requirements described herein as in Section 7.

5.2.14.3. Train school personnel who handle student school health records in confidentiality requirements.

5.2.15. This record shall be sent in a manner consistent with upholding confidentiality.

Note: For further information, see Health Record guidelines which is available in DHA website www.dha.gov.ae .

6. Emergency & Transfer Protocols

6.1. The School clinic should be equipped with the appropriate medical equipment, supplies, and pharmacological agents which are required in order to provide cardiopulmonary resuscitation, and other emergency services.

6.2. Written policies must be in place to ensure necessary personnel, equipment, and procedures to handle medical and other emergencies that may arise in connection with services provided.



- 6.3. At a minimum, there should be written protocols for handling emergency situations, including medical emergencies and internal disasters.
- 6.4. There should be written protocols in place for the timely and safe transfer of patients to a pre-specified alternate care facility within a reasonable proximity when extended or emergency services are needed.
- 6.5. Protocols must include a written transfer agreement with a reasonably convenient hospital(s) or all physicians performing surgery should have admitting privileges at such facility.

7. Reporting and Data Collection Requirements

- 7.1. Reporting should be structured in a manner to encourage a free flow of information between the School clinic and HRD. Forms to collect data can be found in **Appendix 3, 4 & 5**.
- 7.2. School clinic shall submit data consistent with standards set by the DHA.
- 7.3. HRD shall monitor clinical performance indicators regularly.

8. Equipment and Safety

- 8.1. List of medical instruments and equipment required in school clinics available in **Appendix 6**.
- 8.2. All equipment used in patient care, testing, or emergency situations should be inspected, maintained, and tested on a regular basis and according to manufacturers' specifications.
- 8.3. The facility should have appropriate fire-fighting equipment, signage, emergency power capabilities, lighting, and an evacuation plan.
- 8.4. The facility should have the necessary personnel, equipment, and procedures to handle medical and other emergencies.
- 8.5. Appropriate emergency equipment and supplies should be readily accessible to all patient service areas.
- 8.6. Hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma should be eliminated.
- 8.7. The facility must comply with the Dubai Municipality (DM) regulations regarding protection of the health and safety of employees.



9. Immunization

- 9.1. School clinics shall observe and abide by the immunization guidelines developed by DHA that may be accessed at www.dha.gov.ae
- 9.2. Immunization must be conducted in the presence of the school health doctor.
- 9.3. Sessions have to be planned in advance and School Health Unit (SHU) needs to be informed in the prescribed form. The consent for immunization can be found in **Appendix 7.**
- 9.4. Procedure for immunization program can be found in **Appendix 8.**
- 9.5. The Vaccination Forms can be found in **Appendix 9, 10 & 11.**

10. Confidentiality

- 10.1. Any school personnel, including health care providers, who maintain school health records containing confidential health care information shall be responsible for ensuring full confidentiality of this information.
- 10.2. Any school personnel, including health care providers, who release confidential health care information from school health records, shall document each such release in the applicable cumulative school health records by indicating the following:
 - 10.2.1. Date of release.
 - 10.2.2. Description of the information released.
 - 10.2.3. Name(s) of the person(s) to whom the information was released.
 - 10.2.4. Reason for the release of information.
- 10.3. Any person suspected of violating the confidentiality will have to follow penalties pertaining to the same as per *Decree No 32 of 2012* which can be accessed at www.dha.gov.ae.

11. Notification of Parents

- 11.1. Parents and/or guardians shall be notified, according to established school health procedures, of any suspected deviation from normal or usual health found as a result of a screening test (e.g., vision screening), health examination, and/or school personnel observation, in accordance with school health regulations.
- 11.2. Each school shall develop/adopt procedures or protocols for documenting and implementing a follow-up and referral plan for students identified as needing additional services.



CHAPTER TWO: PROFESSIONAL REQUIREMENT



13. School Health Professionals

13.1. The school management shall arrange for the appointment of school health professionals as per the requirements described herein:

13.1.1. DHA licensed doctor

13.1.1.1. Pediatrician

13.1.1.2. Family Medicine

13.1.1.3. General Practitioner (Two years of pediatric experience)

13.1.2. DHA licensed Registered Nurse

13.2. School health doctor

13.2.1. Each school shall

13.2.1.1. provide for the appointment of school health doctor(s), as stated in Table 1 below

Table1: Minimum Number of Licensed doctors required in the school as per student population	
Number of Students	Number of School Health Doctor
1 to 1500	One part time Doctor
1,500 to 3,500	One full time Doctor OR Two part time Doctors
3500 to 10,000	Two full time Doctors OR 1full time and Two part time Doctors
More than 10,000	Three full time Doctors OR Two full time and Two part time Doctors



- 13.2.1.2. participate actively to ensure implementation of all mandated policies and protocols in collaboration with the school's administrative authorities and school personnel. .
- 13.2.1.3. The school doctor must be available on call at any given point during school operating hours in case of emergency.
- 13.2.2. The school health service plan should preferably be drafted and reviewed on annual basis by the school health doctor and shall include:
 - 13.2.2.1. The delivery of health services in school environment (including screenings and vaccination programs).
 - 13.2.2.2. conducting comprehensive medical examination of students at school entry, grade 5, grade 9, at school leaving and for new admission at any grade and documenting the findings in the school health record.
 - 13.2.2.3. To promptly attend to students with injuries or other conditions requiring immediate attention.
 - 13.2.2.4. Standing order of drugs/treatments, which can be administered to the student by the school health nurse in the absence of the School doctor.
 - 13.2.2.5. Conduct and evaluate immunization session.
 - 13.2.2.6. Deal with any emergency reaction including anaphylaxis that might occur due to immunization.
 - 13.2.2.7. In case of any notifiable disease, school doctor has to contact SHU at DHA to take necessary action.
 - 13.2.2.8. To advise parents to keep the student at home during the communicable period of any particular disease.
 - 13.2.2.9. To Assess, plan and implement Individualized Health Care Plan (IHCP) and Emergency Health care Plan (EHCP) for children with chronic illnesses and children with special needs including allergies.
 - 13.2.2.10. To maintain effective relationship with parents, families and local community.
 - 13.2.2.11. To refer, as appropriate, children assessed and found to have psychological or emotional disorders like anorexia, self-harm, addiction, abuse etc.
 - 13.2.2.12. To participate in planning and conducting health education activities in the school.



13.2.2.13. Act as a counselor in guiding the school administrators, teachers and parents to discuss any health problem of a student, as required.

13.2.2.14. Send reports as prescribed in the regulation to HRD in a timely manner.

13.2.2.15. Update knowledge, skills and practice related to school health.

13.3.School health nurse

13.3.1. School nurse shall hold a DHA license as registered nurse and should possess at least 1 year experience of working with children in a school or pediatric setting.

13.3.2. There shall be one full time School Nurse per every 1000 students.

13.3.3. The school health nurse shall:

13.3.3.1. Liaise with and support the school staff in implementing the school health activities.

13.3.3.2. Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition in the school clinic (as listed in the standard requirement in **Appendix 4**).

13.3.3.3. Assess needs of students (examine/ observe/ measure vital signs) who require first aid care and administer appropriate care.

13.3.3.4. Refer to the School Doctor for advice when needed.

13.3.3.5. Inform parents, through the school authorities, about the student's condition.

13.3.3.6. Transfer the student to the Accident/Emergency of the nearest hospital as per the standard procedure in cases required.

13.3.3.7. Provide privacy to the student during medical examination.

13.3.3.8. Monitors students who are frequently absent from school due to health related problems.

13.3.3.9. Coordinate with classroom teachers to:

13.3.3.9.1. Observe and report student with unhealthy practices.

13.3.3.9.2. Refer promptly student who are showing signs of visual, hearing and learning difficulties.

13.3.3.9.3. Refer student with fever, rashes or unusual behavior.

13.3.3.9.4. Report presence of potential hazards in the classroom.

13.3.3.9.5. Motivate student to enhance healthy practices.

13.3.3.9.6. Report sanitary and safe environment deficits to the school administration.



- 13.3.3.10. Measure height and weight of students and calculate BMI on an annual basis for all students.
- 13.3.3.11. Refer to the school health doctor, students whose growth and development measurement show deviations from normal.
- 13.3.3.12. Plan and conduct health education sessions for parents of students with chronic illness to assist them to understand their child's disease and needs.
- 13.3.3.13. Conduct health education sessions to meet the learning needs of students (e.g. topics on: personal hygiene, proper nutrition, accident prevention etc.).
- 13.3.3.14. Plan the immunization schedule of every student as per guidelines in immunization and conduct immunizations under the supervision of the school health doctor.
- 13.3.3.15. Update knowledge, skills and practices related to school health requirements.



REFERENCES

1. *Rules and Regulations Pertaining to Reporting of Communicable, Environmental and Occupational Diseases (R23-10-DIS)*, Rhode Island Department of Health, February 2006 and subsequent amendments thereto.
2. *Postural Screening Guidelines for School Nurses*, National Association of School Nurses, Inc. Scarborough , Maine: 1995.
3. *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM)*, State of Rhode Island and Providence Plantations, Department of Health, June 2005
4. “Screening Prior to Child Care or School Enrollment”, Section 23-24.6-8 of the RIGL.
5. Occupational Safety and Health Administration (OSHA): Occupational Noise Exposure Standard, 29 *Code of Federal Regulations* sections 1910.95(c). July 1, 1997 edition, p. 201.



APPENDIX 1: LIST OF POLICIES TO BE MAINTAINED BY THE SCHOOL

1. Health Examination and Screening Policy
2. Policy on Health records
3. Policy on Immunization
4. Policy on Notification of parents
5. Policy on Minor Injuries, First aid and Emergencies
6. Policy on Head Lice
7. Policy on Medications
8. Policy on Diabetes Care Management and Glucagon Administration
9. Policy on Food Allergy Management



APPENDIX 2: EXCLUSION FROM SCHOOL LIST

Disease Or Condition	Incubation Period (Approximately)	Exclusion of Cases	Exclusion of Contacts
Chicken pox	From two to three weeks; usually 13-17 days	Exclude from school until vesicles become dry, or 10 days from appearance of rash.	Not excluded
Conjunctivitis		Until discharge from eyes has ceased	Not excluded
Diphtheria	Two to five days	Until cultures are negative, until receipt of a medical certificate of recovery from infection.	Domiciliary contacts excluded until investigated 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 school 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 (School 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 (such as scalp, face, hands or legs) are properly covered with occlusive dressings.	Not excluded



Measles (Rubella)	Approximately ten days, but varies from seven to ten days and may be as long as fourteen days until the rash appears	Until at least five days from the appearance of rash, or until receipt of medical certificate of recovery from infection.	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 school 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 school, child care 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 centre for twenty one days after last exposure to infection if the contacts have not previously had whooping cough or immunization against whooping cough.
Poliomyelitis / Acute Flaccid Paralysis (AFP)	Seven to fourteen days; the range is three to thirty five days for paralytic cases	Exclude from schools and children's settings until at least fourteen days after onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded



Rubella (German Measles)	Sixteen to eighteen days	Exclude from school 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 schools and children's settings until a medical certificate of recovery from infection has been obtained.	Not excluded
Trachoma	Varies	Until appropriate treatment has commenced.	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 Fever	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 medical officer of a health of the Department considers exclusion to be necessary.



APPENDIX 3: QUARTERLY STATISTICS REPORT

School Name:	
School Year:	

Kindly fill in the total numbers only on the column provided.

Quarter	Month	Total No. Medical Examination Conducted	Total No. Referred Cases			Total No. Vaccine Administered	Total No. Children Vaccinated	Total No. First Aid Care Given	Total No. of Communicable Diseases	Total No. Number of Health Education Sessions Conducted	Total No. Number of Students Given Health Education
			Notification to parents	Emergency referrals	Total						
1 st	September										
	October										
	November										
	December										
2 nd	January										
	February										
	March										
3 rd	April										
	May										
	June										



APPENDIX 4: ANNUAL STATISTIC REPORT

School Name:	
School Year:	

Kindly fill in the total numbers only on the column provided.

Quarter	Month	Total No. Medical Examination Conducted	Total No. Referred Cases			Total No. Vaccine Administered	Total No. Children Vaccinated	Total No. First Aid Care Given	Total No. of Communicable Diseases	Total No. Number of Health Education Sessions Conducted	Total No. Number of Students Given Health Education
			Notification to parents	Emergency referrals	Total						
1 st	September										
	October										
	November										
	December										
2 nd	January										
	February										
	March										
3 rd	April										
	May										
	June										



APPENDIX 5: ANNUAL STATISTIC REPORT; HRD/QAS/ SHU/010

**List of School Children Checked For Body Mass Index
In Private Schools**

Name of the School: _____
Year: _____

Total Children Checked for BMI in Primary Grade 1-4	Normal BMI 5th- 85th centile	Altered BMI 85th- & Above	Under Weight Below 5th Centile	Remarks
	Boys/ Girls	Boys/ Girls	Boys/ Girls	
Total				
Total Children Checked for BMI in Junior Grade 5-8	Normal BMI 5th-85th centile	Altered BMI 85th- & Above	Under Weight Below 5th Centile	Remarks
	Boys/ Girls	Boys/ Girls	Boys/ Girls	
Total				
Total Children Checked for BMI in Secondary Grade 9-10	Normal BMI 5th-85th centile	Altered BMI 85th- & Above	Under Weight Below 5th Centile	Remarks
	Boys/ Girls	Boys/ Girls	Boys/ Girls	
Total				
Total Children Checked for BMI in Secondary Grade 11-12	Normal BMI 5th-85th centile	Altered BMI 85th- & Above	Under Weight Below 5th Centile	Remarks
	Boys/ Girls	Boys/ Girls	Boys/ Girls	
Total				



APPENDIX 6: SCHOOL CLINIC PHYSICAL REQUIREMENTS AND SUPPLIES

A. Standard Fixtures And Furniture

1. Portable screen (if there are no separate treatment rooms)
2. Hand wash basin
3. Non refillable liquid soap dispenser with undiluted liquid soap
4. Disposable paper hand towel dispenser or electric hand dryer
5. Office desk and chairs
6. Telephone with external facilities
7. Filing cabinet/ rack for files
8. Cupboard with lock for supplies and instruments
9. Height adjustable examination couch with washable mattress and provision for towel paper to cover it
10. Stainless steel dressing trolley (2 layer with castor wheels)
11. Foot operated covered waste disposable bin
12. Refrigerator with ice pack
13. Vaccine carrier/box
14. Thermometers for refrigerator and vaccine carrier
15. Medium size notice board
16. Observation bed (height adjustable)
17. Wheel chair
18. Foldable Stretcher
19. Computer with internet facility

B. Standard Equipment

1. Adult combined height/weight scale (not bathroom scale)
2. ENT Diagnostic Set
3. Sphygmomanometer with Pediatric/Adult Cuff
4. Stethoscope
5. Eye Chart



6. Percussion Hammer
7. Tuning fork
8. Torch with batteries
9. Thermometers (mercury/digital)
10. Tape measure
11. Kidney tray/ dish (big size)
12. Galipot
13. Basin
14. Bandage Scissors
15. Pickup forceps (2 nos.)
16. Oxygen cylinder with regulator and flow meter
17. Nebulizer
18. Glucometer
19. First Aid Kit
20. Sharp Safe box
21. Injection tray with lid
22. Autoclave

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. Hypodermic needles –g.21&g.23
14. Syringes
15. Alcohol preps
16. Disposable oxygen facial masks
17. Disposable thermometer sleeves/covers
18. Impermeable plastic sheet for covering bed
19. Disposable surgical roll
20. IV Infusion set
21. IV cannulas /butterflies

D. Standard Solutions and Medicines

1. Adrenaline -2 ampoules
2. Hydrocortisone -2 vials
3. Spirit 70%
4. Antiseptic solutions
5. Normal saline solution
6. Glucagon
7. IV Solutions :
 - Dextrose saline
 - Normal saline



APPENDIX 7: CONSENT FOR IMMUNIZATION AT ADMISSION

SCHOOL HEALTH FORMS

CONSENT FOR IMMUNIZATION AT ADMISSION

Child Name: -----

Date of Birth: -----

School Name: -----

Class/Grade: -----

Dear Parents

Please provide the following information to update your child school health record and send his/her ORIGINAL IMMUNIZATION CARD

Child History of illness:

Please tick (√) as appropriate. If yes, please specify the details of the illness in the space below

Infectious Disease	YES	NO	Non-Infectious Disease	YES	NO
Diphtheria			Accidents		
Dysentery			Allergies		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy		
Rubella			G6PD (Glucose6-Phosphate Dehydrogenase deficiency)		
Scarlet Fever			Rheumatic Fever		
Tuberculosis			Surgical Operation		
Whooping Cough			Thalassemia		
Chicken Pox					

Details of previous illness

Disease/ Condition	DD/MM/YY	Comments, if any

History of Blood Transfusion No Yes, Frequency: ----- Last date of transfusion

Please Tick (√)

I give the consent for the immunization of my child

I don't agree for immunization of my child.

Signature of Parents/ Guardian: -----

Name of Parents/ Guardian: -----



PARENT NOTIFICATION /REFERRAL FORM

Date: -----

Dear Parent/ Guardian

Please be informed that your child -----

was seen in -----School and was found to have

Recommendation:

Name & Signature: -----

School Doctor/ School Nurse



REPORT ON ADVERSE EFFECTS FOLLOWING IMMUNIZATION

School: -----

Student name: ----- Date of Birth: -----

Grade

Sex: -----

Vaccine Information:

Name of Vaccine: ----- Batch Number: -----

Manufacturer: ----- Expiry Date: -----

Route: ----- Site: ----- Dose: -----

Date of Immunization: -----

Number of Prior doses (if any): -----

Administered by: ----- Designation: -----

Nature of Reaction: (Sign & Symptoms overleaf)

Action

Taken:

1. Medical Management:

2. Referral (if any):

Date: ----- Name & Signature: -----

Signs & Symptoms of the Immunization Reaction



1. Fever: Temperature > (37.8 C)
 - a. Felt Hot, but temperature not measured
 - b. Highest measured temperature.
2. Local Reaction: Site
 - a. Pain, Swelling, Increased warmth.
 - b. Induration or lump without abscess.
 - c. Abscess formation- required drainage or drained spontaneously.
3. Rash: other than at injection site
4. Adenopathy:
 - a. Local (injection site area)
 - b. Generalized
5. allergic event
 - a. hives
 - b. angioneurotic edema
 - c. wheezing/ asthma
 - d. anaphylaxis: if “yes” interval from vaccination to onset:
 - 30 min
 - 30 min- 6 hrs
 - > 6 hrsWas blood pressure measured?
If “yes Lowest B.P”
6. Arthralgia/ Arthritis
(Pain in joints/ inflammation of joints)
7. Convulsion: If “yes” how many episodes following Immunization?
8. Encephalitis &/ encephalopathy
 - a. Signs of increased intra cranial pressure
 - b. Focal Neurologic Signs
 - c. Coma or Marked Alteration in level of Consciousness
9. Guillain – Bare Syndrome
10. Reye’s Syndrome
11. Polio
12. Paralysis other than GBS/ Reye’s Syndrome & Diagnosis (Specify)
13. Miscellaneous:
 - a. Hypotonic, Hypo responsive Episode
 - b. Idiopathic Thrombocytopenic Purpura- if “yes” Lowest Platelet count
 - c. Pancreatitis
 - d. Parotitis.



SCHOOL DETAILS

School Name: ----- Academic Year: -----

P.O. Box: -----

Address: -----

Location: -----

Telephone No: -----

E mail: ----- Fax No: -----

Principal Name: ----- Principle Phone -----

Principal Email -----

Stages: Pre KG KG Primary Elem Secondary

Total Number of Students: ----- Boys: ----- Girls: -----Curriculum: ----

School Hours: From: ----- To: -----Shift, if any:

From: ----- To: -----

Summer Vacation: Form: ----- To: -----

Spring Vacation: Form: -----To: -----

Winter Vacation: Form: ----- To: -----

Submitted By: -----

Name: ----- Signature: -----

Designation: ----- Date: -----



NOTIFICATION FOR IMMUNIZATION

Date -----

Dear Parent,

This is to inform you that your child: -----has received today the vaccine/s which is/ are ticked below:

- Oral polio
- DT
- MMR
- BCG
- DPT
- Td
- Hepatitis- B(1st dose)
- Hepatitis- B(2nd dose)
- Hepatitis- B(3rd dose)

He/ She was administered the following medication/s

If the child develops fever, you may give him/her paracetamol as follows:

Children 6-12 years (10 ml)/ (2 tea spoons) of syrup or ½ 500 mg tablet

Children above 12 years (one 500 mg tablet)

This may be given maximum up to 4 times a day, if necessary. But if fever persists bring take the child to the nearest Health Center/ Clinic.

Name & Signature of Licensed School Nurse: -----

Name & Signature of Licensed Medical officer: -----



IMMUNIZATION CONSENT

Date -----

Dear parent,

This is to inform you that your child: -----

Grade -----is due for the dose of -----

Please answer the questions below and return this form within 2 days of receipt of this letter. If we DO NOT receive this form on time, your child will MISS the vaccine administration.

Thank you.

School Doctor/School Nurse

1. When did your child receive the last vaccination?

Vaccine nameMonth: -----Year: -----

2. Has your child suffered from any infectious disease since the last vaccination?

Yes No

If yes, specify what disease: -----

3. Is your child allergic to egg?

Yes No

If yes, what sign of allergy you observed? -----

4. Is your child suffering from any illness?

Yes No

If yes, what illness? -----



5. Is your child on regular medication / treatment?

Yes No

If yes, please specify:

Name of medication----- Date of last dose-----

Is the child being given steroid medication?

Yes No if yes, date of last dose-----

b. Blood Transfusion Yes No

If yes, when was the last blood transfusion received: -----

6. Do you have any objection of your child receiving due dose of vaccine in school? Yes

No

If yes, reason: -----

I certify that the information given above is correct to the best of my knowledge.

Name of the parent: -----Signature: -----

Telephone Office: -----Mobile: -----Date Signed: -----



NOTIFICATION FOR MANTOUX TEST

Dear Parent,

Your child: -----has been given a Mantoux test (See overleaf) on
dd mm yy-----at -----am/pm.

The reading of this test should be done after three days on ----- (dd mm yy)
at -----am/pm in the school.

In case the school is closed or the child is absent on the day of reading the Mantoux test, please
take the child to the nearest health center/ clinic along with this note.

Please submit the health centre/clinic report to the school clinic on the next working day.

Instruction:

Child may take bath during this three days but don't apply soap on the test area (the tested area
will be usually on the inner side of the left lower arm).

Don't apply oil, lotion, powder, alcohol, cream, or anything to the tested area.

Don't scratch or cover the tested area with plaster or band aid strip.

Thank you

Name & signature of school doctor/ school nurse: -----

Date: -----



Mantoux test

What is it?

The **Mantoux skin test** is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*.

How is the Mantoux test administered?

The **Mantoux test** is performed by injecting 0.1 ml of tuberculin purified protein derivative (PPD) into the inner surface of the forearm. The injection should be made with a tuberculin syringe, with the needle bevel facing upward. The **Mantoux test** is an intradermal injection. When placed correctly, the injection should produce a pale elevation of the skin (a wheal) 6 to 10 mm in diameter.

How is the Mantoux test interpreted?

The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test.

The reaction should be measured in millimeters of the induration (palpable, raised, hardened area or swelling). The reader should not measure erythema (redness). The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis).



APPENDIX 8: PROCESS OF CONDUCTING IMMUNISATION PROGRAMME

S.no	Procedure	Responsibility
1.	Send the list of school names, check list of vaccines and consumables and initial annual estimation for school immunization to Pharmacy Department. (form 1) by the specified date each year	School health unit in Health Regulation Department
2.	Evaluate the requirement based and take necessary action to maintain stock level	Pharmacy Department
3.	Take an appointment for the vaccination program from School health unit (max. 8 vaccination programs / day)	Nurse in charge- of the Respected School
4.	Send the request of the required quantities of vaccines and medical consumables (requested quantity should not be more than the estimated quantity) to Pharmacy Department 1 week before the vaccine program (form 2). Attach the letter from the school endorsed and signed by the school principal.	School health unit in Health Regulation Department
5.	Approve and send all the requirements to Central Service Complex (CSC) for preparation along with vaccination program details (school name, in charge nurse name, contact number, type and quantity of vaccine and medical consumables.	Pharmacy Department
6.	Prepare within a week (5 working days) the requested items based on program details	CSC
7.	Send an Approval form for School health unit in Health Regulation Department within <u>3 working days</u>	Pharmacy Department
8.	Send an Approval form for private school	School health unit in Health Regulation Department
9.	Receive requirements one day before or same day of the program from CSC and maintain cold chain (+2°C-8°C) from 0730- 1330	Nurse in charge- of the Respected School
10	At the end of vaccine administration program return excess quantities of vaccines and consumables to CSC	Nurse in charge- of the Respected School



11	Form (3) shall be filled and sent to school health unit in Health Regulation Department within 3 working days	Nurse in charge- of the Respected School
12	Forward filled Actual consumption statistics of vaccine (form 3) to Pharmacy Department.	School health unit in Health Regulation Department
13	After approval from Pharmacy Department, evaluate and receive excess quantities of vaccines and consumables.	CSC in coordination with Pharmacy Department
14	At the end of the school year (July 2013) , prepare actual statistics of the vaccination program (form 4 and 5)	Pharmacy department



APPENDIX 9: VACCINATION FORM 1- SCHOOL HEALTH SERVICES

School Name: _____

Academic Year: _____

Total Number of Students in the School: _____

Vaccine	Oct. 2013	Nov. 2013	Dec. 2013	Jan. 2014	Feb. 2014	March 2014	April 2014	May 2014	June 2014	Total
Td										
OPV										
MMR										
DPT										
Mantoux										
BCG										
HBV										

Prepared by: _____
School Nurse



APPENDIX 10: VACCINATION FORM 2- SCHOOL HEALTH SERVICES

School Name: _____

Date of Program: _____

Name of Vaccines / Consumables	Quantity
Td	
OPV	
MMR	
DPT	
Mantoux	
BCG	
2 ml syringe	
Polio Dropper	
Needles: 21 1/2" gauge 23 1/4" gauge 23 1" gauge 25 5/8" gauge	

Prepared by: _____
School Nurse



APPENDIX 11: VACCINATION FORM 3

School Name: _____

Date of Vaccination: _____

S No.	Student's Name	Gender	Nationality	Age	D P T	O P V	D T D	M M R	H B V	B C G	Mantoux				Remarks			
											Positive	Negative	Def	Total	Open Vial	Damaged Vial	Unused Vial	Broken Vial

Prepared by: _____

School Nurse