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Standards for Clinics in Educational and Academic Settings

Version 4.1

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Health Policies and Standards Department

Health Regulation Sector (2025)

ACKNOWLEDGMENT

The Health Policy and Standards Department (HPSD) developed this Standard in collaboration with Subject Matter Experts and would like to acknowledge and thank these health professionals for their dedication toward improving quality and safety of healthcare services in the Emirate of Dubai.

Health Regulation Sector

Dubai Health Authority

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INTRODUCTION

The Health Regulation Sector (HRS) plays a key role in regulating the health sector. HRS is mandated by the Dubai Health Authority (DHA) Law No. (6) of the year (2018) with its amendments pertaining to DHA, to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice
- Managing patient complaints and assuring patient and physician rights are upheld
- Governing the use of narcotics, controlled and semi-controlled medications
- Strengthening health tourism and assuring ongoing growth
- Assuring management of health informatics, e-health and promoting innovation.

The Standards for Clinics in Educational and Academic Settings aims to fulfill the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Leading global efforts to combat epidemics and infectious diseases and prepare for disasters.
- Pioneering prevention efforts against non-communicable diseases.

EXECUTIVE SUMMARY

The Standards for Clinics in Educational and Academic Settings has been revised to align with the DHA Dubai Health Strategy 2026 and other relevant documents as well as updates in terminologies, acronyms and reporting systems at DHA. This document focuses on the requirements for a Clinic in Educational and Academic settings, with an emphasis on the quality of care and safety of students. It elaborates the licensing process of the Clinic in Educational and Academic settings in detail, the physical design requirements that are aligned with DHA Health Facility Guidelines (HFG) 2019, the requirements of Healthcare Professionals and the associated student/patient care.

This document emphasises on accessibility for People of Determination, which should comply with the Dubai Universal Design Code and the Inclusion Policy of Knowledge and Human Development Authority (KHDA).

DHA launched HASANA in the second quarter of 2018. Immunization details of all students are to be maintained by the clinics in educational and academic settings and shared with DHA via HASANA system.

DEFINITIONS

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

Body Mass Index (BMI) Screening: A measure for indicating nutritional status. It is defined as a person's weight in kilograms divided by the square of the person's height in meters (kg/m^2). During childhood and adolescence, the ratio between weight and height varies with sex and age, so the cut-off values that determine the nutritional status of those aged 0–19 years are gender- and age-specific.

Confidential healthcare information: This is all information relating to a patient's healthcare history, diagnosis, condition, treatment, or evaluation obtained from a healthcare provider who has treated the patient.

Educational and Academic Clinic: A clinic based in an Educational and Academic institution that provides a combination of primary care, mental health care, counseling, case management, dental health, ocular health, nutrition education, health education, and health promotion, with an emphasis on prevention and early intervention.

Emergency: 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 of bodily or psychological functions; or serious dysfunction of any bodily organ or part.

Full-time physician: Medical professional who are licensed to work full-time under DHA. They typically work during regular business hours. They provide comprehensive care to patients within the DHA healthcare system. They play a crucial role in diagnosing and treating illnesses, managing chronic conditions, and promoting health and well-being.

Guardian: A person who has the legal right and responsibility of taking care of someone who cannot take care of himself or herself, such as a child whose parents have died.

HASANA system: An integrated electronic public health system for disease surveillance and management. The system provides a unified platform for reporting diseases, handling infectious disease outbreaks, and managing vaccinations. It also records the immunizations of each student in the Emirate of Dubai.

Health Education: Any combination of learning experiences designed to help individuals and communities improve their health by increasing knowledge, influencing motivation, and improving health literacy.

Health Record: A single record of all data on an individual's health status.

Health: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Incident report: A formal recording of the facts related to an incident. The report usually relates to an accident or injury that has occurred on the school campus. Incident reports should be

completed as soon as possible following the incident or injury. If the incident is severe enough, it shall be notified to relevant authorities.

Individualized Health Care Plan (IHCP): A comprehensive plan for caring for children with special health care needs is developed by the certified school physician in collaboration with the student, parents/guardians, school staff, community, and healthcare provider(s) in UAE, as appropriate. It should be updated each academic year or whenever required.

Isolation room: An area in the educational or academic setting where a student suspected of any infectious or communicable disease can be separated from contact with others to reduce the risk of transmission of infection until the student is picked up by parents or guardians.

Knowledge and Human Development Authority (KHDA): The Dubai Government's educational quality assurance and regulatory authority. It evaluates and accredits higher education institutions in Dubai. KHDA promotes happiness, Education, and well-being through collaboration with schools, universities, parents, students, educators, investors, and government partners to create a global education system.

Medication: A prescribed substance that contains one or more active or inactive ingredients designed to prevent, diagnose, treat, or relieve symptoms and restore health.

Policy and Procedure: The policies of an organization are the clear, concise statements of the parameters by which an organization conducts its business. In essence, the policies are the rules that staff abide by as they carry out their various responsibilities. The procedures are instructions or steps that describe how to complete a task or do a job.

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

School Health Program: The school procedures that contribute to the maintenance and improvement of the health of pupils and school personnel, including health services, healthy living, and health education.

School Nurse: A DHA-licensed Registered Nurse (RN) practicing in a school or college who is responsible for the health of enrolled children, adolescents, or adults.

School Physician: A DHA-licensed physician practicing in a school or college who is responsible for the health of enrolled children, adolescents, or adults and provides medical care to students in accordance with medical science and experience.

School: An institution designed to provide compulsory education for students at both primary (elementary) and secondary (junior and senior high school) levels.

Standing Order: A written instruction issued by a medical practitioner to authorize a specific person (e.g., Registered Nurse) who does not have the prescribing rights to administer specified medicines.

Student: Any individual who is or has been enrolled in an educational agency or institution and regarding whom the agency or institution maintains educational records.

Temporary Nurse: A nurse hired at a school/nursery for a specific period set by Dubai Health Authority for any absence reason from the full-time nurse at that school/nursery. The temporary nurse is provided by another healthcare facility (provider facility), making sure it has enough number of nurse professionals as per the facility regulations.

Vaccine: A suspension of weakened, killed, or fragmented microorganisms or toxins or other biological preparations, such as those consisting of antibodies, lymphocytes, or mRNA, administered primarily to prevent disease.

Vaccination: A term used to refer to the physical act of administering any vaccine.

Vision screening: A limited series of tests to identify individuals who may have a vision or eye health problem.

ABBREVIATIONS

BMI : Body Mass Index

CD	:	Controlled Drugs
CFCs	:	Chlorofluorocarbons
CME	:	Continuing Medical Education
CSC	:	Central Services Complex
DHA	:	Dubai Health Authority
DM	:	Dubai Municipality
EHCP	:	Emergency Health Care Plan
HCCA	:	Hasana Command Center Application
HRS	:	Health Regulation Sector
IHCP	:	Individualized Health Care Plan
KHDA	:	Knowledge and Human Development Authority
PHPD	:	Public Health Protection Department
PMS	:	Preventive Medicine Section
PPE	:	Personal Protective Equipment
RN	:	Registered Nurse
SCD	:	Semi-Controlled Drug
SHS	:	School Health Section
UAE	:	United Arab Emirates

1. BACKGROUND

Clinics in educational and academic settings are a unique environment that cater to a large proportion of children and youth. These clinics play a critical role in promoting health and

safety of students within this population. They are intended to provide the relevant young population the basic medical care as mentioned below, but not limited to:

- Promote general health by encouraging healthy nutrition practices and physical activity.
- Promote oral hygiene and screen for caries and other conditions related to the oral cavity.
- Promote ophthalmic screening and early detection of ocular problems.
- Promote Obesity screening Body Mass Index (BMI).
- Promote prevention of bullying.
- Promote prevention of communicable and non-communicable diseases.
- Early detection and correction of communicable and non-communicable diseases.
- Early detection and management of disabilities.
- Immunization programs and immunization records maintained as mandated by the Dubai Health Authority (DHA).
- Health education to promote knowledge, attitude and skills for making healthy decisions, to achieve health literacy, to adopt health-enhancing behaviour and help promote the health of others.
- Counselling and psychological services to support students' mental, emotional and social health.

2. SCOPE

- 2.1. To establish and enforce minimum requirements in DHA licensed clinics in educational and academic settings, so as to ensure the provision of the highest level of safety and quality of student healthcare at all times.

3. PURPOSE

- 3.1. To ensure safe and effective student care provision in DHA licensed clinics in educational and academic institutions.

4. APPLICABILITY

- 4.1. DHA licensed Clinics in Educational and Academic Institutions.
- 4.2. DHA licensed healthcare professionals rendering healthcare services in these clinics

5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

- 5.1. All Clinics in Educational and Academic institutions shall:
 - 5.1.1. Adhere to federal and local laws and regulations.
 - 5.1.2. Comply with the DHA licensure and administrative procedures to get New Facility License, available on the DHA website.
 - 5.1.3. Apply to the Health Regulation Sector (HRS) to obtain permission to provide the required service(s) and to be a vaccine qualified clinic.
 - 5.1.4. Have in place internal policies and procedures as per School Health Section (SHS) for the following, but not limited to:
 - a. Bullying prevention

- b. Business continuity
- c. Hazardous waste management as per Dubai Municipality (DM) requirements
- d. Medical waste storage and disposal
- e. Incident reporting
- f. Infection control measures
- g. Laundry services
- h. Managing HASANA system
- i. Managing student health records
- j. Medication management
- k. Monitoring and maintenance of medical, electrical and mechanical equipment
- l. Patient Notification
- m. Readiness plan/Emergency response
- n. Referral criteria and patient transfer
- o. Reprocessing of reusable equipment
- p. Safe use of chemicals used for infection control
- q. Service description and scope of services
- r. Staffing plan, staff management and clinical privileging
- s. Stay at home if unwell
- t. Student assessment criteria

- u. Student confidentiality and privacy
 - v. Student health education, communication and informed consent.
 - w. Vaccination.
- 5.1.5. Ensure adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, electrical outlets and communications.
- 5.1.6. Display Patients' Rights and Responsibilities Charter in Arabic and English.

6. STANDARD TWO: HEALTH FACILITY REQUIREMENTS

- 6.1. The clinic in the educational and academic setting shall abide with the following:
- 6.1.1. The new facility design shall be as per DHA Health Facility Guideline 2019, Part B-Health Facility Briefing & Design, 110 – Education Unit.
 - 6.1.2. Be located on the ground floor for easy accessibility and evacuation when necessary.
 - 6.1.3. Adequate lighting and ventilation.
 - 6.1.4. Flooring should be easy to maintain, readily cleanable, anti-microbial, slip-resistant, anti-glare and appropriately wear resistant for the location.
 - 6.1.5. Walls should be smooth, washable and moisture resistant. Walls should not create ledges or crevices that could harbor dust and/or dirt.
 - 6.1.6. Have designated spaces for a waiting area, consultation, treatment areas, isolation room and ventilated medical waste collection room.
 - 6.1.7. Provision of hand hygiene facility in consultation and treatment areas, with wall mounted non-refillable soap, wall mounted non-refillable hand sanitizer,

wall mounted paper towel near each hand-washing sink, and hand hygiene educational poster (WHO poster).

6.1.8. Be provided with screens to ensure gender privacy. (If there is no separate observation room and treatment room).

6.1.9. No cameras are installed in the consultation or treatment area to ensure patient privacy.

6.1.10. Have a waiting area to be able to accommodate at least five (5) patients at a time.

6.1.11. Healthy students should not accompany the patients into the clinic.

6.1.12. Have doors with a width of 110 centimeters and corridors with a width of 150 centimeters to accommodate wheelchairs.

6.1.13. All announcements should be posted outside the clinic on a specified board or they should be laminated.

6.2. The new applications for Clinics in educational and academic settings shall abide by the following table that specifies the total area requirements with special considerations for any future expansion plans.

Students	Educational and Academic Clinic Area in square meters
< 1000	20 sq. mts
1000-2000	30 sq. mts
2000-3500	40 sq. mts

> 3500	Two Separate School health clinics with an area of 20 and 40 sq. meters
>5000	Two Separate School health clinics with an area of 30 and 40 sq. meters

- 6.3. If there are more than one clinic, both clinics should be functionally equipped.
- 6.4. Any physical changes in the clinic design must be communicated with HRS and should align with DHA Health Facility Guidelines, relevant local and federal laws.
- 6.5. The clinic shall adhere to environmental pollution control standards, which may include, but not limited to the following:
- 6.5.1. Hazardous waste materials storage handling and disposal
 - 6.5.2. Medical waste storage and disposal
 - 6.5.3. Asbestos use in building materials
 - 6.5.4. Elimination the use of mercury and chlorofluorocarbons (CFCs) in healthcare, etc.
- 6.6. Accessibility for People of Determination should comply with the Dubai Universal Design Code and the Knowledge and Human Development Department Authority (KHDA) Inclusion Policy. The following requirements for People of Determination should be considered but not limited to:
- 6.6.1. Parking within or near the premises of the educational and academic institution
 - 6.6.2. Wheelchair ramps where required for easy accessibility
 - 6.6.3. Accessible physical examination room

- 6.6.4. Accessible toilet for people of determination within the building of the educational and academic institution.
- 6.7. The Clinic in an Educational and Academic setting shall comply with the DM regulations regarding protection of the health and safety of employees.
- 6.8. The clinic in the educational and academic institution should ensure the following:
- 6.9. Have all the medical instruments and equipment set out in Appendix 3.
- 6.10. Have appropriate fire-fighting equipment, signage, emergency power capabilities, lighting and an evacuation plan.
- 6.11. Have appropriate emergency equipment and supplies readily accessible. Immediate access to emergency medications (e.g., auto-injectable epinephrine, albuterol and glucagon) is a high priority and crucial to the effectiveness of these life-saving interventions.
- 6.12. Regularly inspect and maintain all equipment used in patient care, testing, or emergency situations according to manufacturers' specifications.
- 6.13. Eliminate hazards that might lead to slipping, falling, electrical shock, burns, poisoning, or other trauma.

7. STANDARD THREE: ISOLATION ROOM REQUIREMENTS

- 7.1. The isolation room, is to be preferably located close to the clinic and with following requirements:
- 7.1.1. At least 1 isolation room should be assigned next to the school clinic.
- 7.1.2. A minimum area of 7.5 sq. mts.

- 7.1.3. The design and ventilation system of the room in a school setting should be prepared to allow conversion to an isolation room with high-efficiency particulate air (HEPA) filtration system.
- 7.1.4. Preferably a hand washing sink inside the room with a non-refillable hand detergent.
- 7.1.5. Access to non-refillable hand sanitizers.
- 7.1.6. An attached toilet or a nearby designated toilet as required for people of determination.
- 7.1.7. A viewing window to monitor the student from the clinic or a camera only with live feed (recording is not permitted).
- 7.1.8. A single bed with railing
- 7.1.9. Preferably two doors, one with access to the clinic and one external to minimise spread of any infection.
- 7.1.10. Access to Personal Protective Equipment (PPE) trolley or shelves outside the isolation room.
- 7.1.11. In case there is more than one student in the isolation room, use a screen between the two students and maintain proper social distancing.

Note: for further details of an Isolation area refer to **Appendix 1**.

8. STANDARD FOUR: HEALTHCARE PROFESSIONALS REQUIREMENTS

- 8.1. All school shall have a DHA licensed Registered Nurse (RN) as a School Nurse with one (1) year experience of working with children in a school or pediatric setting and experience with child health immunizations.
- 8.2. The health facility shall have the required nurse at all times that there are students in the educational or academic setting.
- 8.3. All healthcare professionals should be trained in Basic Life Support (BLS) and first aid and maintain a valid certification/training in advanced resuscitation techniques, such as Advanced Cardiac Life Support (ACLS) and Paediatric Advanced Life Support Course (PALS).
- 8.4. There should be ongoing training provided to all healthcare professionals either within the school or obtained externally through participation in Continuing Medical Education (CME) that includes topics related to the school health program.
- 8.5. The School or academic management may select from one of the following options:
 - 8.5.1. A registered clinic with a full time DHA licensed healthcare professionals (physician, nurse)
 - OR,
 - 8.5.2. An agreement or contract between the school/academic institute and the hospital or clinic to provide medical services to all students of all ages.
- 8.6. In the case of an agreement or contract between the school/academic institute and the hospital or clinic, it shall ensure the following:

- 8.6.1. The healthcare facility shall be DHA licensed and the healthcare professionals have the necessary training and skills to deliver the services provided.
- 8.6.2. The contract must include a flowchart outlining the communication process with hospital staff. The school nurse should have a clear communication plan with the hospital or clinic staff in charge, including specific times for reporting medical issues and emergencies.
- 8.6.3. The contract should specify what qualifications are required of physicians providing medical services. This includes pediatricians, family medicine practitioners, and general practitioners with at least two years of experience.
- 8.6.4. A contract should specify the number of physicians required based on the school population and students' healthcare needs.
- 8.6.5. The distance from the clinic should not exceed 5 km or the average response time should not exceed 7.5 minutes.
- 8.6.6. A comprehensive medical examination of students should be conducted by the healthcare facility's physicians, with proper documentation maintained in the student health files.
- 8.6.7. The school nurse should record all student health information accurately in the student health file after examinations.
- 8.7. In the case of a registered clinic with a full-time DHA-licensed healthcare professional (physician, nurse), it shall ensure the following:

-
- 8.7.1. All healthcare professionals shall be DHA licensed and have the necessary training and skills to deliver the services provided.
- 8.8. Healthcare professionals are responsible for staying up-to-date with all circulars, guidelines, and standards that are uploaded on Sheryan.
- 8.8.1. The school management shall assure that all procedures are carried out by or under the direction of qualified, skilled and experienced licensed healthcare professionals.
- 8.8.2. Additionally, the school physician/nurse in charge shall be responsible for communicating with the DHA.
- 8.9. There should be ongoing training for all healthcare professionals provided within the school or obtained externally through participation in Continuing Medical Education (CME) that includes topics related to the school health program.
- 8.9.1. School physicians require forty (40) CME hours annually to renew their license.
- 8.9.2. School nurses require twenty (20) CME hours annually to renew their license.
- 8.10. All Healthcare professionals should maintain a valid training/certification in Basic Life Support (BLS).
- 8.11. At least one (1) healthcare professional with advanced resuscitative techniques, e.g., Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support Course (PALS) shall be immediately available until all students leave the school.
- 8.12. All healthcare professionals should have the following training but not limited to:
- 8.12.1. Qualified First Aid course from an approved site .

-
- 8.12.2. Experience and training in managing emergencies (anaphylactic shock/
adverse reaction to medication or immunization).
- 8.12.3. Experience in managing communicable diseases.
- 8.12.4. Experience in immunization/catch-up immunization after school age.
- 8.12.5. Experience in infection control measures.
- 8.12.6. Experience in medical records documentations.
- 8.12.7. Experience in communication & reporting.
- 8.13. The school management shall appoint health professionals as per the requirements described herein:
- 8.13.1. For school settings a DHA licensed Physician:
- a. Pediatrician,
 - OR
 - b. Family Medicine,
 - OR
 - c. General Practitioner (with minimum two (2) years of experience in pediatric care)
- 8.13.2. For University settings a DHA Licensed Physician :
- a. Family Medicine
 - OR
 - b. General Practitioner

8.13.3. DHA licensed Registered Nurse (RN) shall be appointed as the School Nurse

with the following requirements:

- a. Experience with child health immunizations,
- AND
- b. Minimum one (1) year experience of working with children in a school OR pediatric setting.

School physician

8.14. Schools that have appointed a full time DHA licensed physician(s) shall be in accordance with the existing on site school student population, stated in Table 1 below.

Table1: Minimum Number of Licensed Physician(s) required in the school as per existing on site student population	
Number of Students	Number of School Health Physician
1 to 500	One (1) Part time Physician
500- 3000	One (1) Full time Physician Telehealth services*
3000-10,000	Two (2) Full time Physicians Telehealth services*
More than 10,000	Three (3) Full time Physicians Telehealth services*

*The school may apply for telehealth consultation services.

- 8.15. A part-time Physician shall be available for a minimum of three (3) times a week for school hours and shall be available during vaccinations and in-call to address emergencies.
- 8.16. A full-time physician shall be available five (5) times a week for school hours and shall be available during vaccinations and in-call to address emergencies
- 8.17. The full-time school physician or RN should oversee the clinic and be actively involved in ensuring the implementation of all mandated policies and protocols in collaboration with the administrative authority and school personnel.
- 8.18. The Physician shall:
- 8.18.1. Not prescribe medication to students for use after school hours.
 - 8.18.2. Not prescribe Controlled Drugs (CD) and Semi Controlled Drugs (SCD) for students.
 - 8.18.3. Advise parents to keep the student at home during the infectious period of any disease, and physicians should notify DHA of the student's condition.
 - 8.18.4. Develop, assess, plan and implement Individualized Health Care Plan (IHCP) and Emergency Health Care Plan (EHCP) for children with chronic illnesses and children with determination, including allergies.
 - 8.18.5. Maintain effective relationship with parents, families and local community minimum annually and whenever is required.

- 8.18.6. As appropriate, refer any student with health issues, children assessed and found to have psychological or emotional disorders like anorexia, self-harm, addiction, abuse etc.
- 8.18.7. Participate in planning and conducting health education activities in the school.
- 8.18.8. Act as a counsellor in guiding the school administrators, teachers and parents to discuss any health problem of a student, as required.
- 8.18.9. Submit reports to HRS and SHS, PHPD in a timely manner.
- 8.18.10. Update knowledge, skills and practice related to school health.
- 8.18.11. Draft the School Health Service Plan and review it annually, which may include the following:
- a. The delivery and evaluation of health services in school environment, including comprehensive medical examinations, screenings and vaccination programs.
 - b. Comprehensive medical examination of students at KG/Foundation Stage, Grade one (1)/Year two (2), Grade four (4)/Year five (5), Grade seven (7)/Year eight (8), Grade ten (10)/Year eleven (11) and for new admission at any grade/year in schools and at entry level in colleges and universities. The findings have to be documented in the student health record maintained at the clinic of the educational or academic setting. **(see appendix 4)**
 - c. Medication management shall be the responsibility of the Physician.

- d. Management of emergency reaction including anaphylaxis that might occur due to vaccination shall be the responsibility of the Physician.
- e. Physician shall report all suspected or confirmed cases of communicable diseases to SHS and Preventive Medicine Section (PMS), PHPD, DHA; as per the list of Notifiable communicable diseases noted in **Appendix 5**.
- f. Schools are required to report any communicable diseases and the number of individuals affected (UAE Medical Liability Law 10/2008).
- g. The notification of the communicable disease should be done through notification/refer service in HASANA HCCA system
- h. Diseases under Category A1 in Appendix 4 should be notified immediately via telephone (by calling the 24/7 PMS hotline), within 0- 8 hrs of identification along with electronic notification.
- i. Diseases under Category A2 in Appendix 4 should be electronically notified within 24 hrs of identification.
- j. Diseases under Category B in Appendix 4 should be notified electronically within 5 working days from identification.
- k. Vaccine-preventable diseases should be reported immediately and appropriate action should be taken to ensure the protection of other children and adults in the school.

School Nurse

8.19. There shall be one (1) full-time school nurse for every seven hundred and fifty (750) students in the on-site school population.

8.19.1. For example, if the population is 760 students, then two (2) nurses are required, with variations depending on the community and student population.

8.19.2. Schools with a high percentage of students with special health needs will require more intensive nurse-to-student ratios:

- a. One (1) nurse per 225 students when daily professional nursing services
OR when interventions are needed,

AND
- b. One (1) nurse per 125 students when students have complex health needs.

8.20. The school Nurse shall:

8.20.1. Hold a DHA license as Registered Nurse (RN) and should have at least one (1) year experience of working with children in a school or pediatric setting with child health immunization experience.

- a. Liaise with and support the school staff in implementing the school health activities.
- b. Ensure that all medical supplies and equipment needed for first aid and emergency care are available and in working condition.
- c. Assess needs of students (examine/observe/measure vital signs) who require first aid care and administer appropriate care.
- d. Refer to the Physician for advice when needed.

- e. Inform parents, through the school authorities, about the student's condition.
- f. Transfer the student to the Emergency department of the nearest hospital as per the standard procedure in cases required.
- g. Provide privacy to the student during medical examination.
- h. Monitor students who are frequently absent from school due to health-related problems. Keep a daily list of students who are absent for health-related reasons, and follow up with parents when the child is absent.
- i. Coordinate with classroom teachers to:
 - i. Observe and report student with unhealthy practices.
 - ii. Refer promptly student who are showing signs of visual, hearing and learning difficulties.
 - iii. Refer student with fever, rashes or unusual behaviour.
 - iv. Report presence of potential hazards in the classroom.
 - v. Motivate student to enhance healthy practices.
 - vi. Report sanitary and safe environment deficits to the school administration.
- j. Measure height and weight of students and calculate BMI on an annual basis for all students.
- k. Refer to the school health physician, students whose growth and development measurement show deviations from normal.

- l. Plan and conduct health education sessions for parents of students with chronic illness to assist them to understand their child's disease and needs.
 - m. Conduct health education sessions to meet students' learning needs, covering topics but not limited to: vaccination, mental health, bullying prevention, nutrition, physical activity, a healthy lifestyle, infectious disease, personal and environmental hygiene, and other topics as per DHA instructions.
 - n. Plan the vaccination schedule of every student as per the DHA Immunization Guidelines, conduct vaccinations under the supervision of the school health physician, and ensure vaccine coverage for all eligible students, including catch-up/defaulters.
 - o. the vaccination schedule of every student as per DHA Immunization Guidelines and conduct vaccinations under the supervision of the school health physician.
 - p. Update knowledge, skills and practices related to school health requirements.
- b. A Temporary Nurse shall be arranged by the management of the educational or academic setting from an agency approved by HRS, DHA, in case the employed RN is on leave
- a. Approval is based on the following criteria:

- i. No-objection letter from the provider facility.
- ii. Valid Malpractice insurance for the temporary nurse.
- iii. Verified Dataflow report for the temporary Nurse.
- iv. Signing and submitting the Temporary Nurse Request Form.

Health and Safety Officer/ Crisis Response Team

8.21. Health and Safety Officer or a Crisis Response Team should handle any emergencies, follow up, monitor the implementation of health and safety procedures, conduct all necessary trainings for students and staff, and participate actively in the investigation and contact tracing of infections and communicable diseases.

8.22. The Health and Safety Officer or crisis response team shall be appointed based on the following requirements:

8.22.1. Carries a Bachelor/Diploma degree in public health, administration, environmental health, quality and safety management, risk management or occupational health.

8.22.2. Does not require DHA license.

8.22.3. Requires competencies and training in safety, quality, problem solving skills, infection control measures and communication skills.

8.23. The Health and safety officer/Crisis response team shall:

8.23.1. Monitors and inspects the implementation of health and safety procedures.

8.23.2. Oversees the placement and set up of safety measures.

8.23.3. Ensures the implementation of policies and procedures.

8.23.4. Conducts risk assessments and trainings on health and safety for students and staff.

8.23.5. Keeps periodic records of activities.

8.24. The school management may appoint an infection control coordinator.

8.25. Occupational Therapist, Psychologist, Health Educators, Dieticians, School Counsellor and or Behavioural therapist could also be appointed.

9. STANDARD FIVE : VACCINATION AND MEDICATION MANAGEMENT

9.1. Educational and Academic Clinics shall observe and abide by the DHA Immunization Guidelines.

9.2. The Education and Academic Clinics shall maintain the demographics of students and immunization details (including immunization history) in the Students' Health File and submit the immunization data of all students via the HASANA system, which serves as a public health surveillance and management system in the Emirate of Dubai.

9.3. Vaccination sessions should be planned with the SHS, PHPD.

9.4. Vaccinations shall be administered in accordance with the DHA Best Practice Immunization Guideline by a DHA-licensed physician or a competent Registered Nurse (RN).

9.4.1. This shall occur after the vaccination consent form and the pre-vaccination checklist have been completed and signed by the parents or guardians of the identified eligible students.

9.4.2. The consent is valid for one (1) month from the date of signing.

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- 9.5. It is prohibited to keep vaccines in the school when the session of vaccination is finished.
- 9.5.1. All unused vaccines should be submitted at the end of the working day to the DHA pharmacy, Central Services Complex (CSC).
- 9.5.2. All used vaccines containers should be disposed appropriately in sharps container.
- 9.6. Only minimum amount of medicines should be stored if the clinic.
- 9.7. Administering medication shall only be done with the approval of the parents/guardians.
- 9.7.1. A student's medical and general consent forms should be filled out precisely and annually by a parent/guardian to ensure the student's health and well-being.
- 9.8. Administration of medication shall apply the principles of Ten Rights of Drug Administration.
- 9.9. The clinic in-charge is responsible for storage of medication and the various aspects of medication storage such as temperature control, suitable disposal/return of expired medication and other pharmaceutical related matters.
- 9.10. All medication shall be stored securely in an appropriately temperature controlled area during holidays.

- 9.11. In the absence of the School Physician a signed and documented Standing Order of drugs/treatments shall be maintained to authorise a competent School Nurse to administer medication to the student.
- 9.12. All medication prescribed by an external physician to be administered in school must be:
- 9.12.1. Accompanied by written instructions from a licensed physician on an individual basis, as determined by the student's health status.
 - 9.12.2. A medical report and management plan from the treating doctor must be maintained in the student's individual medication record.
- 9.13. Self-administration of medication should be done under the supervision of the school medical team after approval is obtained from the student's treating physician.
- 9.14. All medication should be transported to the school by parent/guardian and handed to school medical team.
- 9.15. All medication must be brought to school in the original labelled container prepared by the pharmacy, licensed physician or pharmaceutical company.
- 9.16. The Parental/Guardian Consent to Administer Prescribed Medication form must be used whenever a student needs to take prescribed medication (as prescribed by an external treating physician) during school hours after the parent or guardian has submitted the original prescription.

- 9.16.1. The school healthcare professionals (physicians/nurses) shall complete the form with the required information based on the original prescription provided by the parent/guardian and attach a copy of the prescription to the form.
- 9.16.2. If the student is taking more than one medication, a separate form must be filled out for each medication.
- 9.16.3. The parents or guardians must sign the completed and filled form.
- 9.16.4. The school's healthcare professionals (physicians or nurses) must complete page 2 of the form each time a dose of the prescribed medication is administered at school.

10. STANDARD SIX: RESPONSIBILITY OF THE SCHOOL MANAGEMENT

- 10.1. The school management is responsible for notifying parents and/or guardians of normal or any suspected deviation from normal health, found as a result of a screening test (e.g., vision screening, dental screening), health examination and/or school personnel observation.
- 10.2. 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.
- 10.3. The management of the educational and academic institution shall ensure, but not limited to the following:
- 10.3.1. Comply with Federal and local laws and regulations.

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- 10.3.2. Manage the clinic to ensure high-quality healthcare services while recognizing basic student rights.
 - 10.3.3. Maintain a clean and safe physical environment in the school clinic.
 - 10.3.4. Develop and implement administrative policies to provide high quality care and a safe environment, a list of which is mentioned earlier.
 - 10.3.5. Cooperate with HRS inspectors, School Health Section Supervisors and/or any duly authorized representative(s).
 - 10.3.6. Refrain students from attending school if they are unwell with certain diseases/conditions Refer to the **Appendix 2** for the Exclusion from School, list.
 - 10.3.7. Issue referrals, as appropriate, for children assessed and found to have psychological or emotional disorders like anorexia, self-harm, addiction, abuse etc.
 - 10.3.8. Develop and implement procedures or protocols for documenting and implementing a follow-up and referral plan for students identified to require additional healthcare services.
 - 10.3.9. Establish policies and procedures to communicate with parents/guardians for the transfer of students to the nearest health facility in cases of emergency.
 - 10.3.10. Make necessary arrangements to cover for leave of absence of the clinic Physician and/or Registered Nurse (RN) to ensure business continuity.

- 10.3.11. Submit relevant/required statistical data to School Health Section (SHS), Public Health Protection Department (PHPD), Prevention Medicine Section and/or other relevant departments in DHA.
- a. Reporting should be structured in a manner to encourage a free flow of information between the Educational and Academic Clinic HRS, SHS of PHPD and other relevant authorities.
 - b. Educational and Academic Clinic shall submit data consistent with standards set by the DHA.
- 10.3.12. Obtain approval from the SHS, PHPD for any health awareness or medical campaigns conducted by external providers.
- 10.3.13. Ensure healthcare professionals are trained annually to meet their Continuing Medical Education (CME) training of healthcare professionals of the clinic, 50% of which is related to the school health program.
- 10.3.14. Ensure all students are treated with respect, consideration and dignity.
- 10.3.15. Ensure that all students have the right to privacy and confidentiality.
- 10.3.16. Notify parents and/or guardians of any suspected deviation from normal or even normal health found during a health examination, screening test, or school staff observation.
- 10.3.17. Ensure that the Physician and RN are responsible for the complete, cumulative health record for each student. The health records should:

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- a. Be maintained in a legible, comprehensive and accurate manner for each student that includes the following, but not limited to:
- i. Health history
 - ii. Physical examination
 - iii. Progress notes
 - iv. Laboratory reports
 - v. Imaging reports
 - vi. Treatment plan
 - vii. Follow-up
 - viii. Immunization status
 - ix. Documentation of any traumatic injuries and episodes of sudden illness
 - x. Documentation of **Individualized Health Care Management in School for all chronic disease students.**
 - xi. Document any consultations with school personnel, students, parents, or health care providers related to the student's health problem(s), recommendations made, and results, along with student and family health education notes.
 - xii. 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.

- xiii. Communication with other student/patient and his/her parents the necessity, appropriateness and alternatives of a treatment along with the informed consent.
- xiv. Allergies and untoward drug reactions and the physician's order to administer the epinephrine auto-injector and the parental authorization.
- b. Be organized to facilitate ease of access and continuity of care in a secured setting with restricted access. Appropriate steps shall be taken for the protection of all student health records, including the provisions for the following:
 - i. Secure health records at all times, including confidentiality safeguards for electronic health records.
 - ii. Ensure that each student is allocated a specific unique identifier, and where multiple records for the same student exist they are cross-referenced.
 - iii. Establish, document and enforce protocols and procedures consistent with the confidentiality requirements aligned with the DHA Managing Health Record Guidelines.
- c. Be transferred (original complete and cumulative student's health record) to the health facility of the new school to which the student is transferring or hand it to the parent(s), as appropriate, while

maintaining a copy of the Health Record, in case the student is transfers to another educational or academic institution.

- d. Be maintained (the original/copy of the health record) 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 educational or academic institution.
- e. Comply with DHA policy and Guidelines for Managing Health Records on the DHA Website that specifies retention of health records, retirement of inactive records, timely entry of date and release of information contained in records.

10.4. For the management of confidentiality of health records, the educational and academic institution shall ensure, but not limited to the following:

10.5. Any school personnel, including healthcare professionals, who maintain Health Records at school containing confidential healthcare information, shall be responsible for ensuring confidentiality of this information.

10.6. Authorised school personnel, including healthcare providers, who release confidential healthcare information from school health records, shall document each such release in the applicable cumulative school health records by indicating the following:

10.6.1. Date of release.

10.6.2. Description of the information released.

10.6.3. Name(s) of the person(s) to whom the information was released.

10.6.4. Reason for the release of information.

10.7. Provide confidentiality and data protection training to school personnel who handle school health records.

10.8. School personnel who handle school health records should only access information related to their own students.

10.9. Any identified breaches related to Health Records outside the school must be immediately reported to SHS, PHPD.

10.10. 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 on the DHA website.

10.11. Do not use the DHA logo in any of the documentation or in any other form, unless permitted by DHA.

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APPENDICES

APPENDIX 1: SCHOOL ISOLATION STANDARDS

Staff or students that present with symptoms of communicable disease while at school should be evaluated by the school physician and nurse, who should be familiar with:

- 1) Case Definition of Infectious Diseases
- 2) Mode of transmission of a Disease.
- 3) Precautions to be taken for prevention of Disease Spread
- 4) Infection Control Measures
- 5) Criteria for Notification of Communicable diseases
- 6) Criteria of Exclusion from School

Student Isolation

- As a measure to limit exposure, the coordinator should designate holding/isolation room within the facility to hold known and suspected staff/student cases separately.
- If symptomatic, staff/student should be placed in a controlled, single-person room with two doors preferably, one with access to the clinic and one with an outside access for retrieval of staff/students without contaminating additional school areas.
- The isolation room should have access to a dedicated toilet.
- Anyone entering the isolation room must use appropriate Personal Protective Equipment (PPE).

- Parents/Guardians of a symptomatic student should be notified immediately of their child's status and should be asked to take the student from the premises of the educational or academic setting.
- Strict infection control practices must be followed between staff/students (e.g., hand hygiene, cleaning and disinfecting shared equipment).
- Affected staff/students should wear a facemask to contain secretions while in isolation.
- Once staff/student has vacated the room, the room should be thoroughly disinfected with approved disinfectant solutions.

APPENDIX 2: MINIMUM PERIOD OF EXCLUSION FROM SCHOOL FOR INFECTIOUS DISEASES CASES AND CONTACTS GUIDANCE

Condition	Incubation period	Exclusion of Cases	Exclusion of Contacts
Acute Amoebic dysentery (Amoebiasis)	Range from 2 – 4 weeks	Exclude until diarrhea has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
Chickenpox	Range from 10 to 21 days; (usually 14-16 days)	Exclude from school until all vesicles become crusted & dry, or until no new lesions appear within a 24-hour, (an average range of 4-7 days from appearance of rash).	Not excluded. Any child with an immune deficiency (e.g. with leukemia, or as a result of receiving chemotherapy) should be excluded for their own protection and seek urgent medical advice and varicella-zoster immunoglobulin (ZIG), if necessary.
Conjunctivitis		Exclude until discharge from eyes has ceased, unless doctor has	Not excluded

		diagnosed a non-infectious conjunctivitis.	
Coronaviruses (SARS, MERS, COVID-19)	Range from 2-14 days	Exclude until medical certificate of recovery is produced (Subject to the current guidelines)	Subject to the current National authority guidelines
Cytomegalovirus (CMV) infection	Range from 3 – 12 weeks.	Exclusion is not necessary	Not excluded
Diarrheal illness - unspecified		Exclude until symptoms (diarrhoea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
Diarrheal illness -viral (Adenovirus, Norovirus, Rotavirus)	Varies with pathogen (usually from 12 hours to 4 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
Diarrheal illness- Bacterial (shigella, Non-typhoidal)	Varies with pathogen (usually from 10 hours to 7 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded

salmonella, campylobacter)			
Diarrheal illness- E.coli infection, Shiga toxin or Vero toxin producing (STEC or VTEC)	Range from 1-10 days; usually 3-4 days	Exclude cases until they have two negative stool specimens collected at least 24 hours apart and at least 48 hours after discontinuation of antibiotics	Not excluded
Diarrheal disease- Giardiasis	Range from 1 to 4 weeks (usually 7 to 10 days)	Exclude until symptoms (diarrhea/ vomiting) has resolved for at least 24 hours (without anti-diarrheal medications)	Not excluded
Diphtheria	Range from one to ten days; (usually 2-5 days)	Exclude until medical certificate of recovery from illness is received; which is following two consecutive negative nose and throat cultures (and skin lesions in cutaneous diphtheria) taken 24 hours apart and not less than 24 hours after completion of antibiotic therapy.	Exclude Family / household contacts until investigated by medical professional and shown to be clear of infection.

Glandular fever (Epstein-Barr Virus infection)	Approximately 4 – 8 weeks	Exclusion from school is not necessary Note: ONLY exclude from (contact/collision) sports for 4 weeks after onset of illness	Not excluded
Hand, Foot and Mouth disease	Usually 3 – 6 days	Exclude until all blisters have dried.	Not excluded.
Haemophilus influenza type b (Hib)	Range from 2 – 4 days	Exclude until the person has received appropriate antibiotic treatment for at least four days.	Not excluded.
Hepatitis A	Range from 15 – 50 days; usually 28-30 days	Exclude until a medical certificate of recovery is received, and until 7 days after the onset of jaundice or illness.	Not excluded.
Hepatitis B	Range from 60 to 150 days; Usually ninety days	Acute illness: Exclusion until recovered from acute attack. Chronic illness: Not Exclusion	Not excluded.
Hepatitis C	Range from 14–182 days (usually range: 14–84 days)	Exclusion is not necessary.	Not excluded.

Human immuno-deficiency virus infection (HIV/AIDS)	Usually one to four weeks	Exclusion is not necessary.	Not excluded.
Impetigo	The incubation period Varies according to the causative organism It is usually one to three days for streptococcal infections and four to 10 days for staphylococcal infections	Exclude until lesions are crusted and healed. The child may be allowed to return earlier provided that appropriate treatment has commenced and that sores on exposed surfaces must be properly covered with water-proof dressings	Not excluded.
Influenza / influenza like illnesses	Usually 1 to 4 days	Exclude until at least 24 hours after fever has resolved without the use of fever-reducing medicines.	Not excluded

Leprosy		Exclude until receipt of a medical certificate of recovery from infection.	Not excluded
Measles	Range from 7 – 23 days from exposure to symptom onset; Usually 10-14 days.	Exclude for at least 4 days after the onset of rash. Or until medical certificate of recovery from illness is received	Immunized contacts not excluded. Unimmunized contacts should be excluded until 14 days after the first day of appearance of rash in the last case. (If unimmunized contacts are vaccinated within 72 hours of their first contact with the first case, or received immunoglobulins within 6 days of exposure, they may return to school).
Meningitis (viral, bacteria - other than	Varies according to the causative organism	Exclude until well.	Not excluded.

meningococcal meningitis)			
Meningococcal Meningitis infection	Range from two to ten days; usually 3 -4 days.	Exclude until receipt of a medical certificate of recovery from infection.	Household contacts must be excluded from school until they have received appropriate chemoprophylaxis for at least 48 hours.
Mumps	Range from 12 - 25 to days; commonly parotitis develop 16 - 18 days	Exclude for 9 days after the onset of swelling OR until this swelling resolved.	Not excluded.
Pediculosis (Head lice)		Exclude until appropriate treatment has commenced. Note: Rescreening is needed 7-10 days after initial treatments, to inspect hair for live crawling lice.	Not excluded
Pertussis (whooping cough)	Usually 7 to 10 days after infection, but may also appear up to 21 days later	Excluded 21 days after the onset of cough & illness if no antibiotic treatment is given	If the household contacts have not previously had whooping cough or vaccination against whooping cough;

		OR until they have completed 5 days of a course of recommended antibiotic treatment. AND receipt of a medical certificate of recovery from infection;	they must be excluded from attending a school for twenty one days after last exposure to infection OR until they have completed 5 days of a course of an appropriate antibiotic
Poliomyelitis	Range from 4 – 35 days; Usually 7 – 10 days	Exclude from schools until 14 days after the onset of illness and until receipt of a medical certificate of recovery from infection	Not excluded.
Rubella (German measles)	Range from 12 – 23 days; usually 17 days.	Exclude until fully recovered or for at least seven days after the onset of rash.	Not excluded Note: Female staff of child-bearing age should ensure that their immune status against rubella is adequate.
Scabies	It may take 2–8 weeks before onset of itching in a person not	Exclude until appropriate treatment has commenced.	Not excluded

	<p>previously exposed to scabies.</p> <p>Symptoms develop much more quickly if a person is re-exposed, often within 1–4 days.</p>		
Streptococcal infection (including scarlet fever)	<p>Range from two to five days</p>	<p>Exclude the child has received appropriate antibiotic therapy for at least 24 hours and after the fever has resolved for 24 hours (without the use of fever-reducing medicines);</p> <p>OR until receipt of a medical certificate of recovery from infection; which issued when</p>	Not excluded
Tuberculosis (excluding latent tuberculosis)	<p>It takes about 4-12 weeks from infection to a demonstrable primary lesion or positive skin test reaction</p>	<p>Exclude until receipt of a medical certificate from the health officer of the Department, that the child is not considered to be infectious.</p>	Not excluded.

Typhoid fever/paratyphoid fever	For typhoid fever ranges from 6–30 days; usually 8–14 days (but this depends on the infective dose) For paratyphoid fever is usually 1–10 days.	Exclude until receipt of a medical certificate of recovery from infection.	Not excluded unless the health authorities consider exclusion to be necessary.
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APPENDIX 3: PHYSICAL REQUIREMENTS AND SUPPLIES

A. Standard Fixtures And Furniture

1. Computer with internet facility in each clinic
2. Cupboard with lock for supplies and instruments
3. Digital Thermometers for refrigerator and vaccine carrier
4. Hygrothermometer where medication is stored
5. Disposable paper hand towel dispenser or electric hand dryer
6. Filing cabinet/rack for files under lock
7. Foldable Stretcher
8. Foot operated covered waste disposable bin
9. Hand wash basin
10. Height adjustable examination couch with washable mattress and provision for towel paper to cover it

11. IV stand
12. Medium size notice board
13. Non refillable liquid soap dispenser with undiluted liquid soap
14. Observation bed (height adjustable)
15. Office desk and chairs
16. Portable screen (if there are no separate treatment rooms)
17. Refrigerator
18. Stainless steel dressing trolley (2 layer with castor wheels)
19. Telephone with external facilities
20. Vaccine carrier/box and ice pack
21. Wheel chair

B. Standard Equipment

1. Adult combined height/weight scale (not bathroom scale)
2. Autoclave (if required)
3. Automated External Defibrillator (AED)
4. Bandage Scissors
5. Basin
6. Disposable Dressing Packs
7. Electronic Blood Pressure (BP) apparatus
8. ENT Diagnostic Set
9. Eye Chart

10. First Aid Kit
11. Galipot
12. Glucometer
13. Injection tray with lid
14. Kidney tray/dish (big size)
15. Nebulizer
16. Oxygen cylinder with regulator and flow meter
17. Percussion Reflex Hammer
18. Pickup forceps (2 nos.)
19. Portable Pulse Oximeter
20. Sharp Safe box
21. Stethoscope
22. Tape measure
23. Thermometers (digital)
24. Torch with batteries
25. Tuning fork

C. Standard Supplies

1. Adhesive plasters of different sizes
2. Alcohol preps
3. Band aids
4. Disposable ear speculum

5. Disposable gloves
6. Disposable hand towels
7. Disposable medicine cups
8. Disposable nebulizer mask (adult and pediatric)
9. Disposable oxygen facial masks (adult and pediatric)
10. Disposable Personal Protective Equipment (PPE)
11. Disposable surgical roll
12. Disposable thermometer sleeves/covers
13. Disposable wooden spatulas
14. Elastic bandages of different sizes
15. Gauze bandages of different sizes
16. Hypodermic needles –g.21, g.23 and g. 25
17. Impermeable plastic sheet for covering bed
18. IV cannulas /butterflies
19. IV Infusion set
20. Splints of different sizes
21. Sterile cotton buds
22. Sterile ear buds
23. Sterile gauze pieces
24. Syringes

D. Standard Solutions and Medicines

1. Adrenaline -2 ampoules
2. Antiseptic solutions
3. EpiPen
4. Glucagon
5. Hydrocortisone -2 vials
6. IV Solutions:
 - Dextrose saline
 - Normal saline
 - Distille water for Oxygen humidifier.
7. Normal saline for injection
8. Normal saline solution for irrigation
9. Spirit 70%

APPENDIX 4: STUDENT MEDICAL EXAMINATION SCHEDULE

S.N	Type of screening	Recommended grade/year by DHA
1	Hearing	Grade 1/ year 2 for all students
2	CBC (Complete blood count) screening	Grade 1/ year 2 for all students and Grade 9/ Year 10 (Female students)
3	Back examination for Scoliosis	Grade 7 /year 8 for females and Grade 10 /year 11 for males
4	Oral & Dental screening	KG/Foundation Stage, Grade one (1)/Year two (2), Grade four (4)/Year five (5), Grade seven (7)/Year eight (8), Grade ten (10)/Year eleven (11) and for new admission at any grade/year in schools.
5	Eye health screening	Grade one (1)/Year two (2), Grade four (4)/Year five (5), Grade seven (7)/Year eight (8), Grade ten (10)/Year eleven (11) and for new admission at any grade/year in schools.

APPENDIX 5: LIST OF NOTIFIABLE COMMUNICABLE DISEASES

Group A1: Report immediately by telephone and electronic notification



within 0- 8 hrs of identification

Group A2: Report immediately by electronic notification within 24 hrs of identification



Group B: Report by electronic notification within 5 working days of identification



Table 1: Group A1	Table 2: Group A2	Table 3: Group B
Immediately Reportable Diseases (0- 8 hrs)	Immediately Reportable diseases (24 hrs)	Weekly reportable diseases (5 working days)
Poliomyelitis 📞💻		
Acute Flaccid Paralysis (AFP) 📞💻	Dengue Fever 📞 1	Ascariasis 📞 7
Anthrax 📞💻	Food borne Illness Specify: 📞 1 - Hepatitis A - Salmonellosis - Shigellosis	Brucellosis 📞 7
Botulism 📞💻	Haemophilus influenza invasive disease 📞 1	Chickenpox 📞 7
Cholera 📞💻	Hepatitis E 📞 1	Congenital syphilis 📞 7
Diphtheria 📞💻	HIV (+ ve) 📞 1	Cytomegalovirus 📞 7

Food borne Illness Specify: ① ② ③	Human Immunodeficiency Virus (HIV)/AIDS ② 1	Encephalitis ② 7 - Bacterial - Viral
Influenza, Avian (human) ① ② ③	Influenza A H1N1 ② 1	Food borne Illness Specify: ② 7 - Amoebic dysentery - Bacillary dysentery
Measles ① ② ③	Legionellosis ② 1	Gonococcal infection ② 7
Meningococcal disease (Neisseria Meningitidis) ① ② ③	Leprosy (Hansen's Disease) ② 1	Hepatitis B ② 7
Neonatal Tetanus ① ② ③	Malaria ② 1	Hepatitis C ② 7
Nipah Virus ① ② ③	Meningitis Specify Etiology: ② 1 - Bacterial or Viral	Hepatitis D (Delta) ② 7
Plague ① ② ③	Pertussis (Whooping Cough) ② 1	Herpes zoster ② 7
Rabies ① ② ③	Pulmonary tuberculosis bacteriology and histologically not confirmed ② 1	Infectious mononucleosis ② 7
Rubella (German measles) ① ② ③	Tetanus ② 1	Influenza ② 7
Severe Acute Respiratory Syndrome (SARS) ① ② ③	Tuberculosis (Extra-pulmonary) ② 1	Streptococcal disease, Invasive, group A or B ② 7

Smallpox ⓘ	Tuberculosis (Extra-pulmonary) ⓘ 1	Intestinal worms ⓘ 7
Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ⓘ	Tuberculous Meningitis ⓘ 1	Invasive Pneumococcal Disease (IPD) ⓘ 7
Yellow Fever ⓘ	Tuberculosis (Pulmonary) ⓘ 1	Listeriosis ⓘ 7
Novel Corona Covid-19 (SARS COV-2) ⓘ		Mumps ⓘ 7
Middle East Respiratory Syndrome (MERS) ⓘ		Conjunctivitis ⓘ 7
		Pneumonia ⓘ 7
		Relapsing Fever ⓘ 7
		Scabies ⓘ 7
		Scarlet fever ⓘ 7
		Schistosomiasis ⓘ 7
		Sexually Transmitted Infection (STIs) ⓘ 7: - Chlamydia - Gonorrhea - Syphilis (early & late)

		<ul style="list-style-type: none"> - Chancroid - Genital warts - Herpes simplex - Trichomoniasis
		Trachoma 📄 7
		Typhus Fever 📄 7
		Other communicable diseases not specifies in this list 📄 7
		Other protozoal intestinal diseases 📄 7
		Other zoonotic bacterial diseases not elsewhere classified 📄 7
		Others and unspecified Infectious diseases 📄 7