

New Indian Model School

Al Garhoud Dubai

1]. Section-A

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Policy Code	NIMS/CLINIC/2018/02	Department/Section	School Clinic

2]. Section-B

Title of the Policy	EMERGENCY PATIENT TRANSFER AND REFERRAL POLICY
Background	<p>A Health facility like a School Clinic having Guidelines to give basic First Aid and vaccination services and do more of Preventive care cannot meet all the requirements to treat all the emergencies in the School Premises.</p> <p>Hence, to standardize patient referrals and transfer of patients among Dubai Hospitals and to rationalize and strengthen the entire process, it has become more required to make the referral policy.</p>
Purpose	<ul style="list-style-type: none"> • For continuity of treatment and care • To save life in emergency situation • For specific treatment, procedure and care • For Quality service needed for further medical management • To maximize limited resources
Operational Definitions	<ul style="list-style-type: none"> • <u>Referral</u>: Transfer of responsibilities for specific reasons of patient care from one facility to another. • <u>Referring Facility</u>: Health facility sending the referral • <u>Receiving Facility</u>: Health Facility accepting the referral for further care • Nature of referral as to: <ul style="list-style-type: none"> A. <u>Emergency</u> – Immediate referral is required to facilitate the treatment of a patient whose condition is critical or potentially life threatening. B. <u>Non-Emergency</u> – Medical condition is not urgent in character but needs referral for further essential care.
Introduction	<p>A referral may be temporary, permanent or partial transfer of responsibility for providing utmost care of a patient. A referral system entails the interrelationships and coordination of patient care services from one health care facility to the other.</p> <p>The policy provides specific guidelines that begin by the referring health professional</p>

	<p><i>communicating with the receiving health professional with adequate patient information and logistics for patient transfer.</i></p> <p><i>The receiving health care professional then has to communicate back to the referral facility with information and plan for continuum of care received by the patient thereby completing the referral process.</i></p>
Aims and Objectives	<p><i>This policy is required for the providing immediate steps the Healthcare facility needs to adopt in preventing life threatening situations and also to provide continuum healthcare to needy patients.</i></p> <p><i>To achieve this, the following are needed:</i></p> <ul style="list-style-type: none"> <i>• A designated hospital hotline to be made accessible for the purpose of referral so that the responsible staff will be available for referral services in emergency situations.</i> <i>• Personnel involved in referral will properly identify themselves during referral communications</i> <i>• It is the responsibility of the referring physician to ensure continuity of care and patient safety during transfer process in appropriate means of transportation</i> <i>• Proper intimation to parent prior to referral, School nurse accompanying the patient to the receiving facility and handing over the child to the parent to be ensured by the referring facility.</i>
Identification and Intervention	<p><i>It is the role of the referring physician to decide the condition of the patient based on presenting complaints and provisional diagnosis made accordingly and decide the protocol of care and document the findings in the outward referral forms provided and communicate with the receiving facility and records on the referral register. Also remember to ensure back referral and follow up from the receiving facility.</i></p>
Hierarchy/Escalation Chart	<pre> graph LR PIO[Policy Implementig Officer] --- Manager PIO --- HOS[HOS/Governor] Manager --- SN[School Nurse] HOS --- CT[Class Teacher] </pre>
Responsible Committee Members	<p><i>It comprises of the School Doctor, School Manager, HOS of the respective section, Supervisor of the respective section, School nurse and the Class Teacher in charge of the particular child who needs referral and transfer service.</i></p>

<p><i>Roles and Responsibilities of Committee Members</i></p>	<ul style="list-style-type: none"> • <i>The Policy maker is the deciding authority for the referral of a patient depending on the situation and presenting complaints and the provisional diagnosis.</i> • <i>The decision to refer might be frightening or distressing for the client and their family, so it is important that the health workers have empathy and give relevant client information to the parents.</i> • <i>Referring facility should have right logistics, appropriate medical equipment and transport service, referral forms and referral registers to keep track of all the referrals made and their follow up.</i> • <i>The responsible committee members of the referral system should promptly initiate the necessary steps to be followed to provide utmost care and continuum in support to the patient referred and adheres to referral protocols for patient safety.</i>
<p><i>Glossary of Terms</i></p>	<ul style="list-style-type: none"> • <i><u>Referral</u>: Transfer of responsibilities for specific reasons of patient care from one facility to another.</i> • <i><u>Referring Facility</u>: Health facility sending the referral</i> • <i><u>Receiving Facility</u>: Health Facility accepting the referral for further care</i> • <i>Nature of referral as to:</i> <p><i>A. <u>Emergency</u> – Immediate referral is required to facilitate the treatment of a patient whose condition is critical or potentially life threatening.</i></p> <p><i>B. <u>Non-Emergency</u> – Medical condition is not urgent in character but needs referral for further essential care.</i></p>
<p><i>References</i></p>	<p><i>DHA and School Health Services guidelines</i></p>