

Policy and Procedures Title: Referral from Private Schools in Dubai for Medical Causes

Ownership: Schools and Educational Institutions Health Unit, Health Affairs Department (HAD), Primary Health Care Services Sector (PHCSS)	Effective Date: : 13.10.2015	Code: DHA/PHCSS/PCS/004
	Revision Due Date: 12.10.2018	Type:
	Revision No: 0	<input type="checkbox"/> Administrative
	First Edition Date: 13.10.2015	<input type="checkbox"/> Technical <input checked="" type="checkbox"/> Clinical

Applies to: PHCSS

1. Purpose/ Scope:

1.1 To standardize the procedure of referring students in need of healthcare from the upper level from private school clinic to other healthcare levels.

2. Policy Statement:

2.1 The school should provide ways for students and school personnel to learn about sources of help. The following should be available:

2.1.1 General information about the available services within school, and ways students can readily access services.

2.1.2 Available sources of health care outside the school, and ways of access.

2.2 Pre-referral process: when a student is seen as having problems, teachers and other health staff in school should:

2.2.1 **Step 1:** Formulate a description of the student's problem.

2.2.2 **Step 2:** Have a discussion to get the student's view.

2.2.3 **Step 3:** Include the family. Give Information to the family. (Reasons and importance of referral, risks of non-referral)

2.3 Establish whether referral is necessary. It is necessary if school policy or lack of resources prevent the student's problem from being handled at school.

2.4 Referral Steps

2.4.1 **Step 1:** Identify potential referral options with the student and family. Review with the student/family the value and nature of referral options.

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- 2.4.2 **Step 2:** Analyze options with student/family, and help them choose the most appropriate ones. This mainly involves evaluating the pros and cons of potential options (including location and fees), and if more than one option emerges as promising, rank ordering them.
- 2.4.3 **Step 3:** Identify and explore with student/family all factors that might be potential barriers to pursuing the most appropriate option. Is there a financial problem? a transportation problem? a parental or peer problem? too much anxiety/fear/apathy? Repeated referral negligence by parents (Involve the social worker in these issues).
- 2.4.4 **Step 4:** Work on strategies for overcoming barriers.
- 2.4.5 **Step 5:** Fill the referral form(attached) and provide a written summary of what was decided
- 2.4.6 **Step 6:** Give information to family on: (How to get to the receiving facility – location and transport, Who to see and what is likely to happen)
- 2.4.7 **Step 7:** Follow referral to let the school know whether the referral worked out, and if not, whether additional help is needed in connecting with a service.
- 2.4.8 **Step 8:** Follow-up with students/families (and referrers) to determine status and whether referral decisions were appropriate and get the Back referral form (attached) from the parents.
- 2.4.9 **Step 9:** If follow-up indicates that the student **was neglected**, hasn't followed-through and there remains a need, the referral intervention can be repeated, with particular attention to barriers and strategies for overcoming them.
- 2.4.10 Follow the student after returning to school, if there is a need for any help.
- 2.4.11 Prepare and apply referral register (attached) to monitor follow-up and gather statistics.

3 Definitions/ Abbreviations:

- 3.1 **Referral** is referring students in need of healthcare from the upper level from private school clinic to other healthcare levels.
- 3.2 **The pre-referral process** is a process that begins when someone identifies a problem and asks for help. Sometimes assistance can be given at this point so that the student does not need referral to special services. The assessment data generated during this process also is useful in making triage decisions.

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4 Procedure and Responsibility:

No.	Procedure	Responsibility
4.1	Pre-referral identifying student with a need for referral	Teacher, nurse, Physician
4.2	Establish whether referral is necessary and discussion with the team and family	School Physician
4.3	Analyze options and discuss them with the team and family	
4.4	Identify and explore with the family all factors that might be potential barriers to pursuing the most appropriate option	School Physician, social worker
4.5	Filling referral form, Send student with a written summary of what was decided and get the Back referral form	School Physician
4.6	Follow up: referral and after returning to school	
4.7	Fill in Registration form	School nurse

5 Tools/ Attachments Forms

- 5.1 Referral form
- 5.2 Back referral form
- 5.3 Register of referrals

6 References

- 6.1 School-based Client Consultation, Referral, and Management of Care.
<http://smhp.psych.ucla.edu/pdfdocs/consultation/consultation2003.pdf>

7. Revision History:

<input checked="" type="checkbox"/> New issue		<input type="checkbox"/> Part revision	<input type="checkbox"/> Complete revision
Date	Status	Change	Reference Section
09/02/2016	<input type="checkbox"/> Deleted <input type="checkbox"/> Modified		

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Added


8. Performance Indicator(s):

- 8.1 Percentage of students who are referred out of the students received by school clinic
8.2 Percentage of students who followed out of students who referred

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Prepared/Revised By: Dr. Nusaiba Shaker AlBehandy


Designation: Acting Head of Schools and Educational Institutions Health Unit, HAD, PHCSS

Signature: 

Date: 07.10.2015

First Reviewer: Ms. Amal Vimalan

Designation: Senior Clinical Quality Officer, Quality and Excellence Office, PHCSS

Signature: 

Date: 09.10.2015

Second Reviewer: Dr. Dhoha Ahmad AlAwadhi

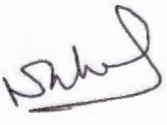
Designation: Head of Quality and Excellence Office, PHCSS

Signature: 

Date: 10.10.2015

Approved By: Dr. Nahed AbdulKhaleq Monsef

Designation: Director, Health Affairs Department, PHCSS

Signature: 

Date: 12.10.2015

Authorized By: Dr. Manal Mohammad Omran

Designation: Chief Executive Officer, PHCSS

Signature: 

Date: 13.10.2015

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Referral Form

original / copy

Referred by:	Name:	Position:		
School Name and Address:			Date of referral:	
Telephone arrangements made:	YES	NO	Facility Tel No.	Fax No.
Referred to Facility Name and Address:				
Student Name				
Identity Number			Age:	Sex: M F
Student address				
Clinical history				
Findings				
Treatment given				
Reason for referral				
Documents accompanying referral				
Print name, sign & date	Name:	Signature:	Date:	
Note to receiving facility: On completion of student management please fill in and detach the referral back slip below and send with patient or send by fax or mail.				

-----✂-----receiving facility - tear off when making back referral-----✂-----

Back referral from Facility Name		Tel No.	Fax No.
Reply from	Name:	Date:	
(person completing form)	Position:	Specialty:	
To Initiating Facility: (enter name and address)			
Student Name			
Identity Number		Age:	Sex: M F
Student address			
This student was seen by: (give name and specialty)			on date:
Patient history			
Special investigations and findings			
Diagnosis			
Treatment / operation			
Medication prescribed			
Please continue with: (meds, Rx, follow-up, care)			
Refer back to:			on date:
Print name, sign & date	Name:	Signature:	Date:

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Register of Referrals

Date referral made	Student Name	DoB	(Male or Female)	Identity No.	Nationality	Referred to (name of facility / specialty)	Referred for (reason of referral)	Date Back referral received	Follow-up required YES / NO	Follow-up completed YES / NO	Appropriate referral YES / NO

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