

1. PURPOSE

- 1.1 To maintain the health and well-being of all students and school personnel by providing access to primary, preventive health care service in a school setting.
- 1.1.1 To organize and manage the school clinic according to Department of Health standard and evidence base practice guidelines.
- 1.1.2 To run the clinic as a first aid center for accidents and injuries that occur in school.
- 1.1.3 To report more serious/major incidents involving students to the parents, directly by telephone, as soon as possible or as per the school protocol.
- 1.1.4 To provide a temporary resting place for ill or sick students or staff.
- 1.1.5 To arrange immediate transfer to hospital for any student or member of staff who requires emergency medical attention.
- 1.1.6 To clearly label and store student's individual medication, in an appropriate and safe manner.
- 1.1.7 To administer medications as prescribed by the school doctor or by written instruction from the parent.
- 1.1.8 To ensure clinic medicines are placed in a cupboard, which is locked all the times.
- 1.1.9 To maintain and encourage good practices in hygiene and hand washing throughout the school, by education and example.
- 1.1.10 To follow any health advice given by the Department of Health and the Abu Dhabi Public Health for infectious diseases/ epidemics that might affect the students and staff of the school.
- 1.1.11 To follow all Department of Health requirements for student medical exams and record keeping.
- 1.1.12 To help and advise parents and staff regarding current health issues as the need arises.
- 1.1.13 To impart knowledge and information on health matters to students through health Education/awareness programs and teachings.

2. SCOPE

- 2.1. This applies to all school clinic staff of Via Medica International Healthcare (VMIH). It must be read and understood for the specification, implementation and delivery of health services as per the DOH- Department of Health Standard and Clinical Best Practice Guidelines.

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3. POLICY STATEMENT

3.1 Via Medica International Healthcare is committed to provide clinical best practices, quality care and safety of students and school personnel through health awareness, health promotion, health education and acute care/first aid management in the school campus/setting.

4. DEFINITION

4.1 VMIH: Via Medica International Healthcare LLC

4.2 Health Record: Is a single record of all data on an individual health status.

4.3 Medication: Is 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.

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

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

5. PROCEDURE AND RESPONSIBILITY

5.1 Daily First Aid Administration

5.1.1. VMIH School nurse/physician evaluate and completes clinical assessment for the students who visits clinic for consultation with or without teacher referral.

5.1.2. Every student that attends the clinic will be listed in the daily census using registry school clinic logbook. It includes

5.1.2.1. Student ID

5.1.2.2. Name of the Student

5.1.2.3. Class they are assigned to.

5.1.2.4. Date & Time In

5.1.2.5. Chief Complaint

5.1.2.6. Intervention

5.1.2.7. Remarks

5.1.2.8. Time Out

5.1.3. If there is a need for the student to stay in the clinic for observation, the nurse will inform the teacher in charge through telephone and e-mail stating the type of injury and the treatment given.

5.1.4. All clinical assessment details logged into VMIH registry school clinic logbook.

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- 5.1.5. If the student is stabilized and qualifies to go back to class, nurse will inform the teacher in charge stating the current condition and the student released back to class with signed slip.

5.2. Transferring and sending students to home/clinic/hospital

Discharged to Home (Non-Emergency)

After assessment by the school nurse/physician, if the student is not fit enough to remain in school, need to go back home and take rest. Below steps to be followed.

- 5.2.1. Notifies the Teacher In Charge /School administrator /counsellor/student affairs regarding the details of the patient condition
- 5.2.2. An official e-mail will be sent to teacher in charge informing that the student will be going home
- 5.2.3. Parents will be informed by school administrator regarding the status or condition of the patient and confirms the collector to collect the student from clinic
- 5.2.4. VMIH school nurse /physician fills **Parent notification /Early Leave form**
- 5.2.5. Students get discharged with confirmed collector and hand over Parent notification /Early Leave form to collector
- 5.2.6. A copy of filled form filed inside Student Medical Record

5.3. Referral for further clinic evaluation and management

After assessment by the school nurse/physician if the student needs further hospital/clinic evaluation and management. Below steps to be followed.

- 5.3.1. Notifies the Teacher In Charge /School administrator /counsellor/student affairs regarding the details of the patient condition
- 5.3.2. Parents will be informed by school administrator and nurse regarding the status /condition of the patient and informs the child need to be collected from school to other specialized healthcare facilities for further clinical management
- 5.3.3. A **referral form** will be handed over to the parents/guardians which need to be presented for the referring facility.
- 5.3.4. VMIH school nurse /physician fills **Parent notification /Early Leave form**
- 5.3.5. Students get discharged with confirmed collector and hand over Parent notification /Early Leave form to collector
- 5.3.6. A copy of filled form (i.e, referral form, Parent notification /Early Leave form) filed inside Student Medical Record

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5.4. Emergency Referral (Life Threatening)

- 5.4.1. The school nurse/physician examines the patient and confirms the need for referral to the other facility
- 5.4.2. Evaluates if it's a life-threatening case such as
 - 5.4.2.1. Shock
 - 5.4.2.2. Respiratory Distress/failure
 - 5.4.2.3. Major Burns
 - 5.4.2.4. Fracture of long bone
- 5.4.3. Immediately notifies to School administrator /counsellor/student affairs regarding the details of the injury, the course of action taken and the hospital/clinic where the student needs to be taken.
- 5.4.4. Parents will be immediately notified by school administrator and nurse regarding the details of the incident and action taken.
- 5.4.5. At the same time ambulance 999 or 998 will be called from School reception
- 5.4.6. School Nurse/Physician will do complete assessment and documents using Referral Form, Nurses Notes /Physician notes (if needed) which includes but not limited to history taking, vital signs, physical assessment, medical interventions
 - 5.4.6.1. A Referral Form includes below detailed information
 - 5.4.6.1.1. Student's name, age, address and telephone number.
 - 5.4.6.1.2. Parents/ guardian's name address and telephone number.
 - 5.4.6.1.3. Any known allergies and any relevant medical history.
 - 5.4.6.1.4. Immunization details, if available
 - 5.4.6.1.5. An accurate account of the incident/accident details, also must specifies patient's condition at the time of his/her encounter and accurately represent the services rendered to the patient with date and time of service provided
 - 5.4.6.1.6. Details of any medication and first aid administered in the school.
- 5.4.7. The School Administrator arranges a staff member to escort the child in the ambulance to the hospital, as the nurse must remain in the School Clinic.
- 5.4.8. Student will be transported with referral form immediately to the hospital
- 5.4.9. A copy of all the assessment documents will be filed in student's record

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5.4.10. Detailed incident report submitted to facility HSE and a copy for VMIH record.

5.5. Notification of Parent

5.5.1. Parents will be informed either verbally by phone or email dependent on the condition of their child, they will be advised of any occurrence that requires follow up or monitoring and of any medication administered.

5.5.2. Parents are updated by the School Nursing Team of any changes or variations to their child's health and wellbeing.

5.6. Medication Management

5.6.1. Medication Administration

5.6.1.1. Any Medications shall only be administered by the school nurse as prescribed by a HAAD- licensed physician for acute or chronic conditions or as required in an emergency situation.

5.6.1.2. All health care professionals undergo appropriate training and competencies towards handling emergency situation and medication administration.

5.6.1.3. Before administering any medication, the school nurse must secure the consent of Parents/Guardians (whether prescribed or in emergency situations).

5.6.1.4. Consent must be renewed annually (for any prescribed medication) or every time there is a change in the medication administration requirements.

5.6.1.5. According to DOH standards, medications that can be administered by the school nurse in emergency cases are limited to the following:

5.6.1.5.1. Epinephrine for acute allergic reactions.

5.6.1.5.2. Metered-dose Inhalers.

5.6.1.5.3. Paracetamol.

5.6.1.5.4. Antihistamine cream.

5.6.1.6. All medication administered information and related activities and reactions shall be recorded in the student's medical record.

5.6.1.7. After administering the medication, the license nurse/physician must document in the patients file all the necessary information about medication administration with date, time, his/her signature and stamp.

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5.6.1.8. For administration of prescribed medication, all medications must be in a original container with clear instruction of administration and dosage .

5.6.1.9. School clinic will always maintain confidentiality of medical records.

5.6.1.10. All cases of suspected adverse reactions to medical products and medication errors shall be reported by the school nurse to DOH, as required by the relevant DOH policies and regulations.

5.6.2. Medication Storage and Access - Handling

5.6.2.1. All medications stored in a designated medication storage area

5.6.2.2. Storage area will be kept locked at all times and access given only to the school nurse

5.6.2.3. The medication in all areas of the facility is stored under the conditions specified by the manufacturer to maintain stability of the products. These include correct environmental conditions.

5.6.2.4. Expiration date of all medication inspected and monitored on a monthly basis.

5.6.2.5. Open containers of medicines (should contain a label of opening date and expiry date) in the clinical area will be checked by nurse prior to medication administration.

5.7. Emergency Kit – Handling

5.7.1. Emergency medical kit with required emergency medications available in the clinic to ensure the availability of adequate medicines to provide basic life support measures.

5.7.2. The emergency medical kit is equipped with AED, suction apparatus, oxygen, BP apparatus

5.7.3. Clinic staff trained and competent on Basic Life Support as well as safety and administration of the emergency drugs.

5.8. Health Screening

5.8.1. School nurse will conduct mandatory health screening on students in accordance with DOH standards for School health screening.

5.8.2. All screening results shall be maintained in the students' health records.

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5.9. Immunization

- 5.9.1. The school nurse shall facilitate the vaccination process and coordinates with the school personnel pertaining to the vaccination requirements and timeline.
- 5.9.2. The parents/guardians are required to submit the student’s vaccination records for record purposes and must be kept in the student’s school medical record/file.

5.10. COVID-19 Procedure

If a student becomes sick at school with any of the following COVID-19 related symptoms:

Fever (37.5°C and above), Cough, Body ache, Fatigue, Shortness of breath, Sore throat, Runny nose, Diarrhea, Nausea, Headache, Loss of smell or taste.

- 5.10.1. Student will be referred to the school clinic for further assessment.
- 5.10.2. Student will stay in the isolation or quarantine room while waiting for parents.
- 5.10.3. Parents will be contacted immediately by the COVID-19 Response Team Focal Person to retrieve the student from school and to consult a doctor.
- 5.10.4. The school nurse will not administer any medicines to the sick student. Only if a student is having a difficulty and shortness of breath shall the school nurse administer basic low flow of oxygen until transported to the hospital.
- 5.10.5. The student will only return to school with a COVID-19 negative result, or a medical report stating that the symptoms are due to other diseases, a sick leave and improvement of health status.
- 5.10.6. Information about the student will be kept confidential other than the relevant government authorities; ADEK and Abu Dhabi Public Health Center (ADPHC) using the infectious diseases notification (IDN) system.
- 5.10.7. Cleaning and disinfection of the room and surfaces are thoroughly done after the patient is discharged from the isolation/quarantine room.

5.11. Communicable Disease Notification

- 5.11.1. Early notification is essential in order to promote early control measures to limit spread of the disease.
- 5.11.2. Delegated staff working in VMIH are required to report any communicable disease to the Infection Control Team by completion of the Notification of Communicable Disease form.
- 5.11.3. For notification purposes communicable disease are classed into 3 groups.
 - 5.11.3.1. Immediate notification by telephone and email.
 - 5.11.3.2. Notification within 1 day by email.

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5.11.3.3. Notification within 7 days by email.

5.11.4. Notification of communicable diseases is mandatory by the law per the DoH.

5.11.5. Communicable disease will be notified to the Abu Dhabi Health Authority by a member of the Infection Control using the line on “e-services notification system”.

5.12. Student Health Record

5.12.1. Health records shall be maintained in the custody of the school clinic and shall be available to a patient or his/her designated representative through the attending healthcare professional at reasonable times and upon reasonable notice.

5.12.2. Each student has a medical file in school.

5.12.3. A complete, comprehensive, and accurate student medical record is maintained for each student.

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

5.12.5. Records and highlight allergies, management of allergies and untoward drug reactions.

5.12.6. The Clinic maintains an immunization record of all students

5.12.7. Records organized in a consistent manner that facilitates continuity of care.

5.12.8. Records include information regarding but not limited to:

- a. Health history, including chronic conditions and treatment plan.
- b. Screening results and necessary follow-up.
- c. Immunization status and certification.
- d. Health examination reports.

5.12.9. Ensure that the medical record storage system are equipped with environmental control, applicable safety & security measures.

5.12.10. Only school clinic, healthcare providers will have access to the student’s health records and related information

5.12.11. The Individual Health Care Plan for a student with chronic health condition, will include:

- 5.12.11.1. The parental authorization of a student's treatment.
- 5.12.11.2. The physician's order to administer a medication, related to the condition.
- 5.12.11.3. Documentation of any nursing assessments completed.
- 5.12.11.4. Documentation of any consultations with school personnel, students, parents, or health care providers related to a

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student's health problem(s), recommendations made, and any known results.

- 5.12.11.5. 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

5.13. Infection Prevention and Control

- 5.13.1. Standard Precaution includes a group of infection prevention practices that apply to all health care providers and patients, regardless of suspected or confirmed infection status wherein healthcare is delivered. The use of appropriate precautions will reduce transmission of infection from one person/patient to another. It will be utilized for all contact with patients' blood, body fluids, secretion and excretion (except sweat) and or mucous membranes.
- 5.13.2. Hand hygiene is the most important practice in the prevention and the spread of infectious disease, it is done;
- 5.13.2.1. before and after each patient contact;
 - 5.13.2.2. after removing examination gloves;
 - 5.13.2.3. immediately after contact with blood, body fluids or mucous membranes; and
 - 5.13.2.4. after contact with patient surroundings.
- 5.13.3. Gloves will be worn for:
- 5.13.3.1. touching blood;
 - 5.13.3.2. all body fluids, secretions and excretions regardless of whether they contain visible blood or not and mucous membranes;
 - 5.13.3.3. Contact with non-intact skin; and
 - 5.13.3.4. handling objects or surfaces soiled with blood or bloody fluids.
- 5.13.4. Masks will be worn:
- 5.13.4.1. any time due to splashes on the face with blood and/or body fluids and secretions especially when suctioning; and
 - 5.13.4.2. any time in close contact with a patient who is coughing.
 - 5.13.4.3. Masks should be changed between patients or during patient treatment if it becomes wet or moist.
- 5.13.5. Protective devices ((including gloves, masks, and eye and face protection) are to be removed after patient personal care activities.
- 5.13.6. Needles and sharp instrument. Sharps are defined as needles, sharp edged instruments, broken glassware that maybe contaminated with blood or body fluid.

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5.13.6.1. used needles should never be recapped, bend, break or hand manipulated

5.13.6.2. used needles, disposable syringes, scalpel blades, and other sharp items are to be disposed of in a designated puncture-resistant biohazard container; and

5.13.6.3. the sharp end of needles and sharp instruments is always to be pointed away from oneself and others.

5.13.7. Environmental Control

5.13.7.1. develop procedures for routine care, cleaning and disinfection of environmental surfaces, especially frequently touched surfaces in the clinics.

5.13.8. Linen

5.13.8.1. handle in manner that prevents transfer of microorganism to others and to environment.

5.13.8.2. used linen is considered to be contaminated and linen must be bagged at the point of origin, before placing in the soiled linen cart.

5.13.9. Respiratory hygiene / cough etiquette

5.13.9.1. instruct symptomatic person to cover mouth / nose when sneezing and coughing;

5.13.9.2. Respiratory secretions, use tissue, dispose properly; and wear mask or keep if possible 3 feet distance.

5.13.10. Spillages

5.13.10.1. When dealing with spillages of blood and body fluids, ensure adequate ventilation when using hypochlorite (10,000 ppm)

5.13.10.2. Pour sodium hypochlorite (10,000 ppm) onto paper towel placed over the spill, leave for 5 Minutes

5.13.10.3. Wash area with hot water and detergent

5.14. Medical and Hazardous Wastes Management

5.14.1. Medical waste are materials or waste produced as a result of health care activities capable of causing harm through disease or injury to human or the environment if improperly disposed.

5.14.1.1. *Medical waste* is to be disposed of according to the color-coded bags available in the clinics.

5.14.1.2. *Stone-filled waste bags*, in an upright position, in a designated safe area which is locked and well ventilated

5.14.2. Sharps shall be disposed in leak-proof, rigid and puncture resistant sharp containers.

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- 5.14.3. Bio-hazardous waste shall be collected at the end of the day by the housekeeping staff on duty to be place in the yellow / green large bin provided by the contracted local medical waste management company. Sharp containers/boxes are collected and changed when they are ¾ filled or filled up to the mark or fill line.
- 5.14.4. School nurses are the key persons in charge of overseeing the clinical and non- clinical waste and biohazard materials disposal program.

5.15. Head Lice

- 5.15.1. Routine Headlice Checks are generally not needed but can be done upon request from the School Senior Management Team.
- 5.15.2. In case of suspected head lice is reported, a head inspection check is carried out by the school nurse.
- 5.15.3. In the case of Live Head Lice
 - 5.15.3.1 School nurses educate parents on treatment options and preventive measures.
 - 5.15.3.2 Re check student upon return to school.
- 5.15.4. In the case of Nits only
 - 5.15.4.1 School nurse shall notify parents and provide advice on treatment.
 - 5.15.4.2 Re check student after 1 week
- 5.15.5. Students will be allowed to continue the classes
- 5.15.6. Screening of the rest of the students in the class of the affected child will be performed such that early detection and intervention will be done to prevent a Pediculosis outbreak.

5.16. Allergy Management

- 5.16.1. Students with a documented history of anaphylaxis will require parental authorization for emergency treatment.
- 5.16.2. All students with life threatening allergies will be highlighted and identified by the Medical Team
- 5.16.3. The Allergy Action Plan includes the following:
 - 5.16.3.1. Telephone number for parents and alternate emergency contacts.
 - 5.16.3.2. Students’ photo.
 - 5.16.3.3. Specific information about the student’s allergy and treatment and history of previous allergic episodes.

Consent for administering emergency medications and emergency transfer to the nearest emergency healthcare facility.

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5.17. Healthy Diet

Children need a healthy, balanced diet which is rich in fruits, vegetables and starchy foods such as bread, pasta and cereals. Children encouraged to eat a variety of foods to help ensure that they obtain a wide range of nutrients in order to stay healthy. Parental support is required in promoting a healthy diet by avoiding sweets, chocolates and sugary or fizzy drinks at school, as these foods have little or no nutritional value. Students are encouraged to drink water regularly throughout the school day

5.18. Health Education

5.18.1. The aim of health education is to:

- 5.18.1.1. make students health conscious
- 5.18.1.2. set up a health standard in the school
- 5.18.1.3. provide health information to students
- 5.18.1.4. take preventive and precautionary measures against communicable diseases
- 5.18.1.5. identify students with physical defects and health hazards and adopt remedial measures

5.18.2. School health professionals will conduct health education sessions with students that will help in improving and bring awareness towards their health. The school nurse will coordinate with the facility coordinator for the health education schedules.

5.18.3. Physical Fitness Awareness which includes but not limited to

- 5.18.3.1. Physical Fitness (HRPF)
- 5.18.3.2. Skill-related Physical fitness (SRPF)
- 5.18.3.3. Physiological fitness

5.18.4. Educate and awareness to students related to Sleep And Sleep Disorders

- 5.18.4.1. Awareness about what is sleep and why it is important
- 5.18.4.2. Signs and symptoms of sleep disorders
- 5.18.4.3. The Role of Sleep for students
- 5.18.4.4. Steps can be taken for healthy sleep habits and get a good night's sleep

5.19. Diabetes Mellitus Care Management and Insulin – Glucagon Administration

5.19.1 The school medical team will ensure:

- 5.19.1.1. All students with Diabetes Mellitus have complete, accurate and updated documents.
- 5.19.1.2. All those involved in the care of student while in school is made aware of the child condition

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- 5.19.1.3. All medications received for the student should be clearly labelled with the child name, class year and section, should be in original container as dispensed by the pharmacist with expiry date and instructions.
- 5.19.1.4. The following supplies will be in the premises at all times:
 - 5.19.1.4.1 For blood glucose level checking: Glucometer, test strips and lancets
 - 5.19.1.4.2 Medicine of the student (with signed Medicine Authorization Consent)
 - 5.19.1.4.3 Juice-containing sugar
 - 5.19.1.4.4 Insulin
 - 5.19.1.4.5 Glucagon kit
- 5.19.1.5. In the event of Hyperglycemic/Hypoglycemic Emergency:
 - 5.19.1.5.1 Blood glucose level will be checked
 - 5.19.1.5.2 Appropriate first aid treatment will be provided by the school medical team as deemed necessary
 - 5.19.1.5.3 Parents/Guardians will be notified
 - 5.19.1.5.4 Parents/Guardians may opt to collect the child or the school may arrange for transport to hospital of choice as deemed necessary by the school medical team
- 5.19.2 **The Diabetes Care Plan will contain the following:**
 - 5.19.2.1 Date of Plan
 - 5.19.2.2 Student name, class year and section
 - 5.19.2.3 Type of Diabetes and date of diagnosis
 - 5.19.2.4 Name and contact numbers of parents/guardians and attending physician
 - 5.19.2.5 Level of independency of the student to check and manage his/her blood glucose level
 - 5.19.2.6 Guidelines for need to check blood glucose in the school
 - 5.19.2.7 Guidelines for Insulin therapy
 - 5.19.2.8 Guidelines for Glucagon therapy
 - 5.19.2.9 Signed consent for information sharing and emergency treatment

This information is documented as part of the child school medical record.

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5.20. Needle Stick Injuries

Injuries from needles used in medical procedures are called needle-stick or sharp injuries. Sharps include syringes, scalpels, lancets and glass from broken equipment. This type of injuries caused a potential risk of acquiring blood-borne diseases, particularly but not limited to Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).

5.20.1 In the event of needle-stick injury, the following must be done immediately:

5.20.1.1 Wound should be washed with soap and water but without scrubbing. Antiseptic and skin washes must not be used.

5.20.1.2 Encourage bleeding of punctured wound gently under running water. Wound must not be sucked.

5.20.1.3 An incident report will be submitted by the school nurse to the HSE Manager and a copy for VMIH record.

5.20.1.4 Refer to a Primary Health Clinic for the following procedure or follow recommendation by the PHC physician.

5.20.1.5 A baseline blood work-up of the injured student/staff will be done. This will include Hepatitis B surface antibody titer, Hepatitis C antibody titer and HIV antibody level.

5.20.1.6 Post-exposure prophylaxis will be followed.

5.20.1.6.1 For Hepatitis B – If the injured person has been vaccinated then no treatment will be given. But if he/she is unvaccinated then give Hepatitis B Immunoglobulin and administer Hepatitis B vaccine series.

5.20.1.6.2 For Hepatitis C – No treatment is currently recommended.

5.20.1.6.3 For HIV – If the source is positive or unknown, the injured person will be referred to an infectious specialist doctor for a mandatory 4-week regimen of 2 types of HIV drugs that must be started within 48 hours post-exposure

ATTACHMENT

6.1. Attachment 1 – Emergency Protocol

6.2. Attachment 2 – Routine Referral

6.3. Attachment 3 – Chain of Communication


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6. REFERENCES

- 6.1. Law No. (8) of 2008 Concerning the Reorganization of Abu Dhabi Education Council.
- 6.2. ADEC Public Schools (P-12) Policy Manual, 2013-2014
- 6.3. DOH Standards for Administration of Medication in Schools, 2012
- 6.4. DOH Standard for Healthcare Facility Licensure, 2012

7. APPROVAL

PREPARED BY: QA/QC	Date: 17 -November -2022
REVIEWED BY: Name: Ms. Wilma L. Schuck Designation: Chief Nursing Officer/ Quality Coordinator	Signature  Date: 18-November -2022
APPROVED BY: Name: Dr. Muhammad Wasif Chaudhary Designation: Chief Medical Officer/ Quality Director	Signature:  Date: 21-November -2022

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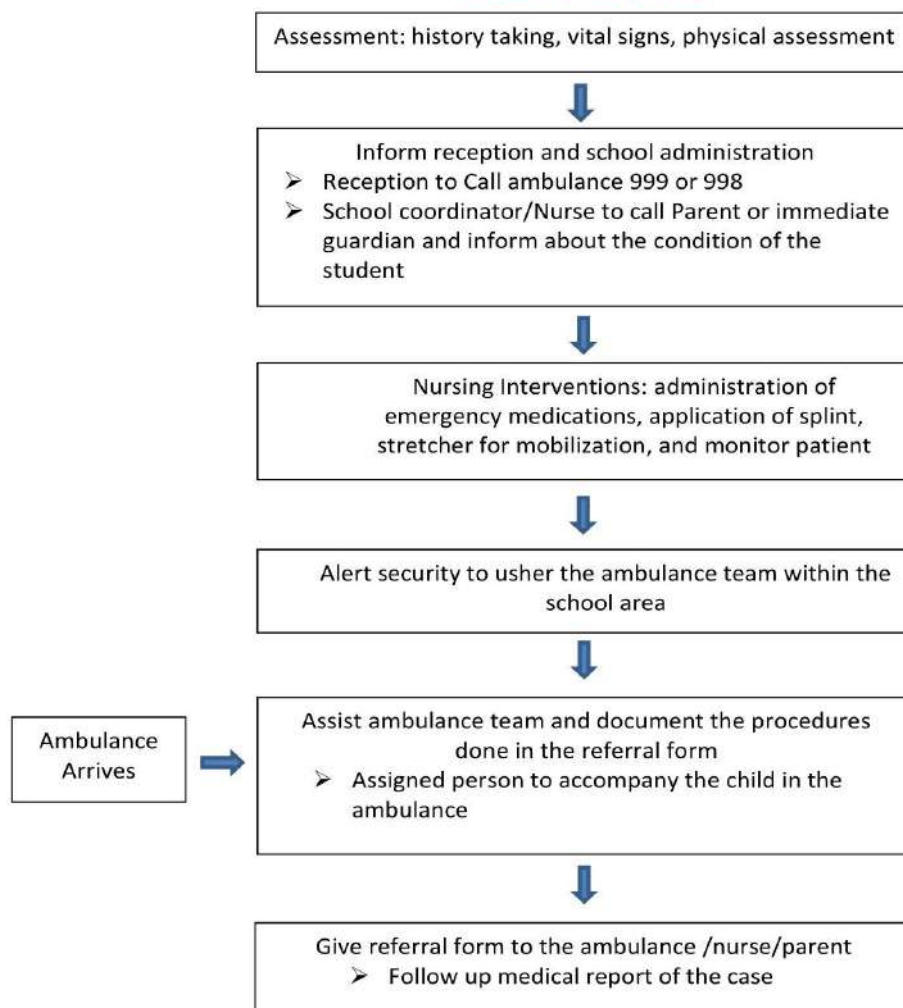
 	Policy and Procedure Title: <h2 style="text-align: center;">SCHOOL CLINIC POLICY</h2>	
Ownership: VMIH Academic Division	Effective Date: 21 November 2022	Code: VMIH-AH-CL-PP-001

Attachment 1 - Emergency Protocols

 	Title: <h2 style="text-align: center;">EMERGENCY PROTOCOL</h2>	
Ownership: VMIH Academic Health	Effective Date: 21 November 2022	Code: VMIH-AH-FC-003

(Emergency) Life –threatening

- Shock
- Respiratory distress/ failure
- Major burns
- Fracture Of Long Bone



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Title:	Code:	Approval Date:	Edition No:	Last Revision Date:	Next Revision Date:
School Clinic Policy	VMIH-AH-CL-PP-001	21 November 2022	00	NA	21 November 2024

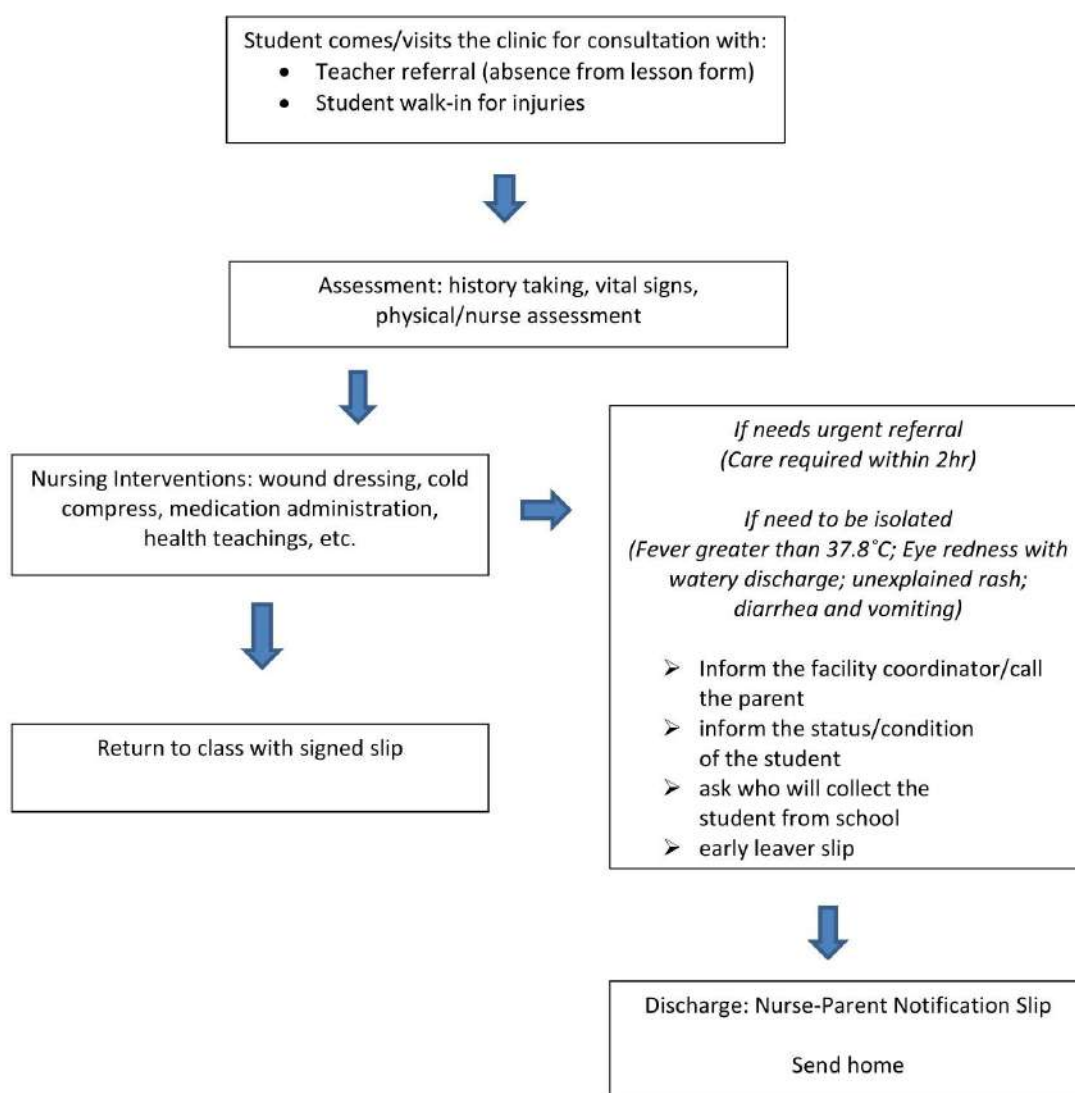
RESTRICTED مقيد

 	Policy and Procedure Title: <h2 style="text-align: center;">SCHOOL CLINIC POLICY</h2>	
Ownership: VMIH Academic Division	Effective Date: 21 November 2022	Code: VMIH-AH-CL-PP-001

Attachment 2 - Routine Referral

 	Title: <h3 style="text-align: center;">ROUTINE REFERRAL PROTOCOL</h3>	
Ownership: VMIH Academic Health	Effective Date: 21 November 2022	Code: VMIH-AH-FC-004

ROUTINE REFERRAL



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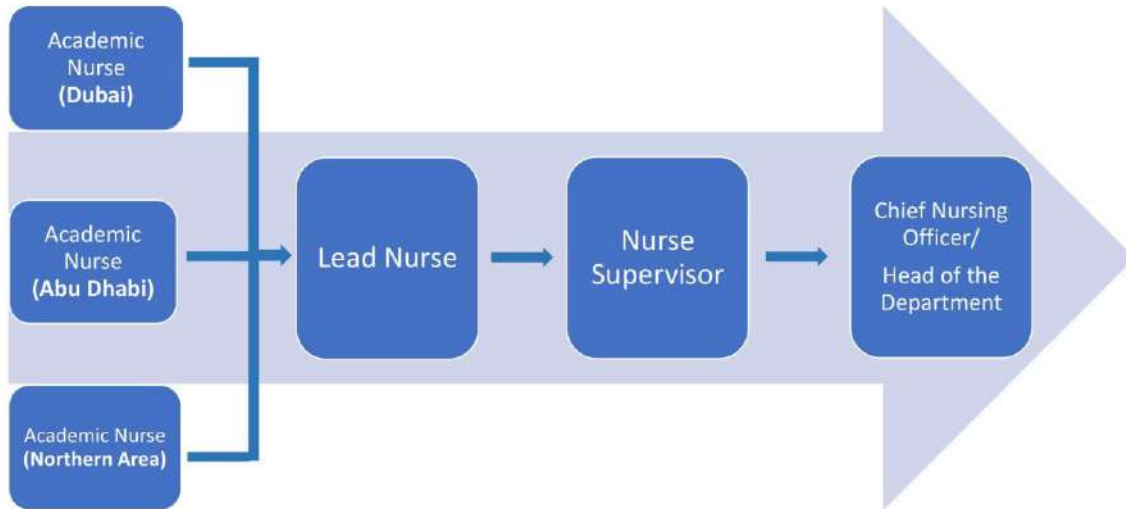
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Title:	Code:	Approval Date:	Edition No:	Last Revision Date:	Next Revision Date:
School Clinic Policy	VMIH-AH-CL-PP-001	21 November 2022	00	NA	21 November 2024

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Attachment 3a – Chain of Communication

		<p>Title:</p> <p>CHAIN OF COMMUNICATION</p>	
<p>Ownership:</p> <p>VMIH Academic Health</p>		<p>Effective Date:</p> <p>21 November 2022</p>	<p>Code:</p> <p>VMIH-AH-PR-019</p>



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Title:	Code:	Approval Date:	Edition No:	Last Revision Date:	Next Revision Date:
School Clinic Policy	VMIH-AH-CL-PP-001	21 November 2022	00	NA	21 November 2024

Attachment 3b – Chain of Communication

		<p>Title:</p> <p>CHAIN OF COMMUNICATION</p>
<p>Ownership:</p> <p>VMIH Academic Health</p>	<p>Effective Date:</p> <p>21 November 2022</p>	<p>Code:</p> <p>VMIH-AH-PR-019</p>

Position	Name	Mobile No.	Email address	Remarks
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Nursing Supervisor	Ms. Jesusa Espineda	054 990 3788	jespineda@viamedica-international.com	1. Email for all your concerns/ issues 2. All emails please copy
Lead Nurse/ School Assistant	Ms. Joanna Rae Semblante	02 444 6500 ext. 410	schoolassistant@viamedica-international.com	Staff Support & Staff Related Issues
HR Deputy Manager	Ms. Roxane Baltar		baltar@viamedica-international.com	HR related Queries
Accountant	Ms. Rowena Bisorio		rbesorio@viamedica-international.com	Finance related queries
Quality Officer	Ms. Sheetal Midhun		qualityofficer@viamedica-international.com	Email for all clinic related concerns/ issues
Quality Assistant	Mr. Allen Yamson		qualityassistant@viamedica-international.com	

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