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Clinics in Educational and Academic settings Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5.	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
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				
6.1.3.	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.				
6.1.7.	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.				
6.1.13.	All announcements should be posted outside the clinic on a specified board or they should be laminated.				
6.3.	If there are more than one clinic, both clinics should be functionally equipped.				

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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:				
6.6.2.	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.				
6.9.	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, rectal diazepam, 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				
7.1.3.	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.				

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7.1.5.	Access to non-refillable hand sanitizers.				
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				
7.1.10.	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				
8.2.	The health facility shall have the required nurse at all times that there are students in the educational or academic setting.				
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.	Or, 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.				

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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.				
8.10.	All Healthcare professionals should maintain a valid training/certification in 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.				
School Physician					
8.14.	<p>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.</p> <p>Table1: Minimum Number of Licensed Physician(s) required in the school as per existing on site student population</p> <p>Number of Students</p> <p>1 to 500 - One (1) Part time Physician</p> <p>500- 3000 -One (1) Full time Physician</p> <p>3000-10,000 - Two (2) Full time Physicians</p> <p>More than 10,000 - Three (3) Full time Physicians</p> <p>*The school may apply for telehealth consultation services.</p>				
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.				

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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				
8.18.	The Physician shall:				
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.				
8.18.11	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)				
	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.				
8.19.2.	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:				
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.				
j.	Measure height and weight of students and calculate BMI on an annual basis for all students.				

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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.				
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.				
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				
iv.	Signing and submitting the Temporary Nurse Request Form.				
9.	STANDARD FIVE : VACCINATION AND MEDICATION MANAGEMENT				
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.				
9.4.1.	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.				
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.				
9.7.	Administering medication shall only be done with the approval of the parents/guardians.				
9.9.	The clinic in-charge is responsible for storage of medication and the various aspects of medication storage such as temperature control, suitable				

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	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:				
9.12.2.	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				

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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.				
10.3.5.	Cooperate with HRS inspectors, School Health Section Supervisors and/or any duly authorized representative(s).				
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.				
10.3.10	Make necessary arrangements to cover for leave of absence of the clinic Physician and/or Registered Nurse (RN) to ensure business continuity.				
10.3.17	Ensure that the Physician and RN are responsible for the complete, cumulative health record for each student. The health records should:				
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.				

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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.				
i.	Secure health records at all times, including confidentiality safeguards for electronic health records.				
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.				
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.				
10.11.	Do not use the DHA logo in any of the documentation or in any other form, unless permitted by DHA.				
APPENDIX 3: PHYSICAL REQUIREMENTS AND SUPPLIES					
A. Standard Fixtures And Furniture					
A 1.	Computer with internet facility in each clinic				
A 2.	Cupboard with lock for supplies and instruments				
A 3.	Digital Thermometers for refrigerator and vaccine carrier				
A 4.	Hygrothermometer where medication is stored				
A 5.	Disposable paper hand towel dispenser or electric hand dryer				
A 6.	Filing cabinet/rack for files under lock				
A 7.	Foldable Stretcher				
A 8.	Foot operated covered waste disposable bin				

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A 9.	Hand wash basin				
A 10.	Height adjustable examination couch with washable mattress and provision for towel paper to cover it				
A 11.	IV stand				
A 12.	Medium size notice board				
A 13.	Non refillable liquid soap dispenser with undiluted liquid soap				
A 14.	Observation bed (height adjustable)				
A 15.	Office desk and chairs				
A 16.	Portable screen (if there are no separate treatment rooms)				
A 17.	Refrigerator				
A 18.	Stainless steel dressing trolley (2 layer with castor wheels)				
A 19.	Telephone with external facilities				
A 20.	Vaccine carrier/box and ice pack				
A 21.	Wheel chair				
B.	Standard Equipment				
B 1.	Adult combined height/weight scale (not bathroom scale)				
B 2.	Autoclave (if required)				
B 3.	Automated External Defibrillator (AED)				
B 4.	Bandage Scissors				
B 5.	Basin				
B 6.	Disposable Dressing Packs				
B 7.	Electronic Blood Pressure (BP) apparatus				
B 8.	ENT Diagnostic Set				
B 9.	Eye Chart				
B 10.	First Aid Kit				
B 11.	Galipot				
B 12.	Glucometer				
B 13.	Injection tray with lid				
B 14.	Kidney tray/dish (big size)				
B 15.	Nebulizer				
B 16.	Oxygen cylinder with regulator and flow meter				

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B 17.	Percussion Reflex Hammer				
B 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				

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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%				

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