

GOVERNMENT OF ANDHRA PRADESH

ABSTRACT

Jawahar Bala Arogya Raksha - School Health Referral Guidelines – Orders – Issued

HEALTH, MEDICAL AND FAMILY WELFARE (F1) DEPARTMENT

G.O.Ms.No 319

Dated:27.10.2011

Read the following:-

- (1) G.O.Ms No. 316 HM&FW (F1) Department, dated 10.11.2010.
- (2) G.O. Ms. No. 7, SW (TW Edn) Department, dated 07.03.2006.
- (3) G.O. Ms. No. 20, SE (PE) Department, dated 03.03.2011.

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ORDER

1. Government launched the School Health Programme across the state on 14.11.2010, under the name of Jawahar Bala Arogya Raksha (JBAR). Under this scheme, all school children will be screened by a school health team and referral of children requiring secondary and tertiary care to the appropriate facility for specialist review, appropriate investigations, treatment of the disease and follow-up will be undertaken.

2. Government of India has enacted the Right to Education where the state should ensure free education for all children between 5-14 years age. JBAR in a way ensures this by reducing drops out from school due to health reasons. As Jawahar Bala Arogya Raksha (JBAR) is ensuring screening of all the children, there is a gap to take further action on the children requires further treatments. Thus, there is a need to develop referral system under JBAR for the school children requiring specialist care is imperative to the success of not just the school health programme but also for every child to realize their right to education.

3. In order to ensure minimal dropouts of the children with ill health reasons, there is necessity of issue of specific guidelines to the field functionaries on the implementation of the programme and for proper screening referring the children for further treatment and to ensure healthy schooling.

4. Hence, the following guidelines are issued for referral of the children under the JBAR Scheme.

(i) **Referral Mechanism:** The referral for school health will be under the following three modes.

- a) By the PHC Medical Officer during the bi-annual school health screening.
- b) By the MPFA(F) during the monthly visit to the schools
- c) In case of emergency the student is immediately taken to the nearest medical facility by 108 ambulance services by the concerned head master/parent.

(ii) **Referral Procedure:**

A. **School level:**

- a) Medical Officer and his/her team will screen all children and identify those children requiring specialist referral services (As per referral criteria).

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- b) If the referred student requires immediate medical attention, then the student must be sent to the CHC/FRU at the earliest else the student must be referred on the referral day (i.e. Tuesdays).
- c) The MO will refer to the nearest CHC/ FRU (or even secondary/ tertiary specialist services) along with the necessary medical history and referral form.

B. Mandal Level:

Student requires further treatment have to be referred directly to the Aarogyasri Network Hospitals.

C. CHC/ FRU/ Aarogyasri Network Hospital Level:

- a) Separate counter to be established to give priority to school health referrals on Tuesdays.
- b) A pediatrician and general physician must be available at the school health referral counter who will examine all school health referrals. In case the students require consultation with other specialists like gynecologist etc., then the pediatrician available at the school health referral cell will intimate the specialist and the child will be examined in the referral cell.
- c) Necessary investigations and diagnosis need to be conducted by the referral hospital free of cost . In case the necessary diagnostic facilities/ treatment facilities are not available with the referred hospital, then the student should be referred to the nearest medical facility where such services are available in normal conditions and in emergency conditions the referral hospital has to provide treatment on par with Aarogyasri beneficiary.
- d) For any student requiring super specialty medical attention/ any surgical intervention (if not possible at the FRU) then the student should be referred to tertiary care hospitals.
- e) If the student's ailment/illness falls under the approved procedures of Aarogyasri and subject to the student's eligibility under Aarogyasri necessary action has to be taken to treat the student under the Aarogyasree scheme.
- f) If referred students are not eligible under Aarogyasri then the District JBAR Coordinators should coordinate with the State School Health Cell/ Addl. Director, School Health to ensure the child receives proper treatment.

D. Tertiary Care Hospitals:

- a. Conduct necessary investigations and diagnosis. Treatment has to be provided and may even be hospitalized if necessary.
- b. In case the necessary diagnostic facilities/ treatment facilities not available then the student should be referred to the nearest super speciality facility where such services are available.
- c. If the student's ailment/illness falls under the approved procedures of Aarogyasri and subject to the student eligibility under Aarogyasri necessary action has to be taken to treat the student under the Aarogyasri scheme.

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(iii) **Other logistics:** Transport and other financial support for the referral will be provided under the scheme.

- a) For tribal areas: A lump sum amount of Rs.5,000/- to be made available at all tribal PHCs which will be earmarked for school health referrals. The PHC Medical Officer in consultation with the Project officer, ITDA will arrange transport for all students and their parents/guardians who have been identified as requiring referral services.
- b) For plain areas: The parents of the students requiring referral services will be intimated to take the child to the specified referral centers.

(iv) **Roles and responsibilities for school health referral are as follows:**

Level	Officer(s) Responsible	Activities to be Undertaken
School	School Headmaster/ Principal and Sub-Centre MPHA(F)/ Paramedical Staff as health coordinator under the overall supervision of the Medical Officer/MEO/DyEO	<ol style="list-style-type: none"> 1. Maintain details of students referred in (a) School Health Register (b) Student Health and Education Register (c) PHC Referral register 2. Ensure all the referred students consult appropriate specialist 3. Enter follow-up action in the Student Health and Education Record (SHER) 4. Ensure the student completion and compliance of the treatment prescribed by the specialist 5. Send consolidated referral report to the Primary Health Center (PHC) on a monthly basis
PHC	Medical Officer and Mandal Education Officer as school health coordinators under the overall supervision of DMHO/ DEO/ PO RVM	<ol style="list-style-type: none"> 1. If student is referred during the monthly screening by MPHA(F) then, MO will conduct available investigations, provide diagnosis/ treatment. 2. If MO suggests further specialist treatment for the student, then the MO must provide medical history and referral form along with investigations done to the next health facility. 3. The MO will consolidate and update the details of the students referred and submit the same to the SPHO/ District JBAR Coordinator/ DMHO. 4. The MEO, in consultation with the MO, will track every referral and ensure completion of the course of treatment and follow-up. 5. They will consolidate the details of the students referred and submit the same to the PO RVM.

Community Health and Nutrition Cluster	Senior Public Health Officer under the overall supervision of DMHO	<ol style="list-style-type: none"> 1. The SPHO will track every referral and ensure completion of the course of treatment and follow-up. 2. Will provide support services to every student referred to the CHC. 3. The cases which are referred by the CHC/ FRU to higher institutes, the SPHO must immediately inform the District JBAR Coordinator/ DMHO. 4. Consolidate and update the details of the referred students in all the PHC areas under their purview and submit the same to DMHO/ District JBAR Coordinator.
Community Health Center/ FRU	Superintendent under the overall supervision of SPHO/DMHO/ DCHS	<ol style="list-style-type: none"> 1. Ensure priority services for students referred 2. Appropriate investigations must be conducted for confirmation of diagnosis. 3. Treatment/ hospitalisation may be provided where necessary. 4. In case student requires further specialist services then, student should be sent to the higher institution along with the medical history, referral form and diagnostic reports. The details of such students will be intimated to the SPHO immediately. 5. If the student has been advised follow-up services which are available in the CHC/FRU, then they must be provided for the entire duration till the student's treatment is completed. 6. Maintain record of the students, diagnosis and treatment details at the Center.
District	JBAR Coordinator(NRHM)/ JBAR Coordinator(RVM) under the overall supervision of DMHO/ DEO/ PO RVM	<ol style="list-style-type: none"> 1. Monitor and follow-up all school health referrals in their district. 2. District JBAR Coordinators must be provide supportive services and guidance for cases referred to tertiary care. 3. Coordinate with all CHCs, Area Hospitals and District Hospitals to ensure that children referred through the school health screening receive priority treatment and follow-up. 4. Cases of students referred to super speciality to the State Capital, then the details must be immediately intimated to the Addl. Director, School Health. 5. Coordinate with District Rajiv Aarogyasri Health Insurance Scheme Coordinator to link referred

		students, where applicable, for support. 6. Consolidate the list of all students referred, the cause for referral, status of the student and required follow-up action and send it to the Addl. Director, School Health (O/o CHFW).
State	Addl. Director, School Health and ASPD (RVM) under the overall supervision of the CHFW, MD NRHM, DPH&FW, SPD RVM and Commissioner School Education	1. Monitor and follow-up all school health referrals in the state 2. The Addl. Director School health will provide supportive services and guidance to cases of students referred to super speciality to the State Capital. 3. Consolidate and update the details of the referred students 4. Report the details to the Mission Director (NRHM)/ SPD (RVM)

(v) Other Guidelines:

- a) Any dropout due to health reasons/ after diagnosis, must entail analysis and adequate follow up/ corrective measures for re-enrolment by class teacher/MPHA(F) in consultation with Principals/ Headmasters and Medical Officers including house visits, motivation of family etc.
 - b) The District JBAR Coordinators (NRHM) and JBAR Coordinators (RVM) must ensure that the District School Health Committee consisting of the DMHO, DEO, PO RVM meet regularly to review the JBAR screening and referral.
 - c) The Addl. Director, School Health will ensure that the State School Health Committee will meet regularly to review the JBAR screening and referrals.
 - d) Heads of Departments and District Officials of concerned departments ie. Health & Family Welfare, School Education, Tribal Welfare, Social Welfare, BC Welfare, Minority Welfare, Women & Children, Disabled Welfare, DRDA etc. are requested to monitor the JBAR programme and take up random field visits.
5. The Commissioner Family Welfare, Mission Director (NRHM)/ the Director of Public Health, State Project Director of Rajiv Vidya Mission and Director & Commissioner School Education shall take necessary action in this regard.
6. This order is issued with the concurrence of School Education Department.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

K.R.KISHORE
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Commissioner of Health and Family Welfare
The Mission Director, NRHM
The Commissioner and Director of School Education
The Director of Public Health and Family Welfare

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The State Project Director of Rajiv Vidya Mission
The Commissioner of AP Vaidya Vidhana Parishad
The Director of Medical Education
All District Collectors and Magistrates

Copy to:

1. Special Chief Secretary to the Government, Tribal Welfare Department
2. Special Chief Secretary to the Government, Women, Child, Disabled, and Senior Citizens Department
3. Principal Secretary to the Government, Social Welfare Department
4. Principal Secretary to the Government, BC Welfare Department
5. Principal Secretary to the Government, Minority Welfare Department
6. The Secretary to the Government, Secondary Education Department
7. The Commissioner of Social Welfare Department
8. The Commissioner of Tribal Welfare Department
9. The Commissioner of BC Welfare Department
10. The Commissioner of Minorities Department
11. All Heads of Department of HM&FW Department
12. All District Medical and Health Officers
13. All District Education Officers
14. All District Coordinators of Hospital Services
15. All Project Officers of Rajiv Vidya Mission
16. All JBAR District Coordinators, NRHM and RVM
17. All Superintendents of Area and District Hospitals
18. All Superintendents of Teaching / District / Area Hospitals.

//FORWARDED BY ORDER//

SECTION OFFICER