Emergency Patient Transfer Policy

Title	:	**Emergency Patient Transfer Policy**
File Name	:	**HOPE/ADMIN-EPT/015**
Date of Issue	:	**1st April 2025**

PURPOSE

- To standardise patient referrals and transfers among schools.
- To rationalise and strengthen the referral process of patients between our school and the hospitals for emergency cases.

POLICY STATEMENT

1. Transferring patients from The Hope English School should be based on a patient's need for specialised care that is not available in the referring school.

2. All the transfers must be coordinated directly between the **School Doctor** and the accepting facility. The concerned physician in the receiving facility must accept the transfer prior to any other procedures. **A Referral Form** is sent along with the patient from the school, filled with details of history of presenting illness and first aid given. This form also has a back referral option which must be filled by the receiving facility which includes the findings and treatment advised which must be duly returned to the referring facility for a better follow-up of the patient.

3. A designated hospital hotline shall be made accessible for the purposes of referral. Responsible staff will receive referrals and make necessary preparations, especially in emergency situations.

4. Personnel involved in the referral will properly identify themselves during referral communications.

5. Patient safety during transfer must be ensured by the school. This includes, but is not limited to, providing qualified personnel, medical equipment and appropriate transportation means. It is the responsibility of the referring physician to ensure continuity of care and patient safety during the transfer process. This is not applicable during disasters where coordination and decision-making could be done indirectly or through administrative personnel.

6. The patient due to be transferred or referred must receive necessary management without delay. **School clinic informs the parents about the condition of the child, accompanies the patient to the referred hospital and hands the child to the parent to ensure the treatment without any delay.**

7. The receiving facility shall send a complete feedback form/ back referral report to the school. Initial and final feedback will be provided if the patient's medical condition requires repeated follow-up. Type of feedback shall be indicated in the form. The referring facility may follow up with the referred patient later.

DEFINITIONS

1. **Referral –** Transfer of responsibilities of specified aspects of patient care from one health facility to another.
2. **Referring facility –** Health facility sending the referral.
3. **Receiving facility –** Health facility accepting the referral.
4. Nature of referral as to:
   - **A. Emergency –** Immediate referral is required to facilitate the treatment of a patient whose condition is critical or potentially life- threatening.
   - **B. Non-Emergency –** Medical condition is not urgent in character but needs referral
     - **Early –** booking for an early appointment within one-week to make early diagnosis or manage the case to prevent impending complications.
     - **Routine –** medical conditions needing second opinion, further investigation, and appropriate management where Schedule is left to the availability of the appointment calendar of the receiving hospital.

Revision

Revision Date	File Name	Revision
1 April 2026	The Hope English School/ADMIN-EPT/015	New Policy

Approved by Principal