



HARROW
INTERNATIONAL
SCHOOL
哈罗国际学校
SHANGHAI 上海

MEDICAL POLICY AND PROCEDURES (HS44)

APPLIES TO:	All staff (specifically those involved in external examinations)
AISL RESPONSIBILITY:	Chief Education Officer & Chief Operations Officer
School responsibility:	Principal Deputy Head an
LAST UPDATED:	2 nd August 2023
REVISIONS: (Reviewer to enter initials and date)	AHU - 22 nd July 2023 CLC - 2 nd August, 2023 TRO – Jan 2024

Educational Excellence *for* Life and Leadership

育以至善 • 卓以领航



AISL
HARROW
SCHOOLS
哈罗学校



1 PURPOSE OF THIS GUIDE

- 1.1 This Policy sets out the School's arrangements for health care. In addition to arrangements to cover emergencies and the provision of first aid for students, members of staff and visitors, the School also makes arrangements for routine healthcare, screening and minor illness treatment for students at all times.

2 TREATMENT OF MEDICAL EMERGENCIES

- 2.1 In the event of an illness or accident involving a student, member of staff or visitor, the appropriate steps to be taken will depend on the level of severity of the person's condition, the availability of help and the skills of those on hand.
- 2.2 The process is as follows:
- The School Health Care Centre should be informed immediately.
 - Operations must be informed to make the necessary preparations and control traffic.
 - In the case of an accident, the casualty should not be moved unless they are in danger and they should be kept warm/cool, comfortable and reassured.
 - Students should always be accompanied to hospital, usually by a Nurse, their Head of House in the Upper School, or an appropriate member of staff in the Lower School. However, any member of staff may be called upon to do this as a matter of urgency.
 - One of the Health Care Team will also travel to the hospital and meet the patient/staff in the Emergency Department.
 - The Head and/or a senior manager will arrange to support the member of staff accompanying the student if necessary.
 - The Head and/or a senior manager should be informed of any serious accident or sudden onset of illness if the injury involves a student or member of staff.
 - The House Master/Mistress (HM) for Upper School students or Class teacher for Lower School students should always also be contacted in the event of injury or illness to a student and the student's parent/guardian must be contacted.
 - A copy of the student's Harrow ID card and passport/national ID should be taken to hospital, if possible.
- 2.3 Other accidents or illnesses of a serious nature:
- The School Health Care Centre should be informed immediately, and discussions should take place as to whether an ambulance is called. The patient should be accompanied to the School Health Care Centre for checking, if possible.
 - If it is necessary to go to hospital, parents should be consulted as to the preferred option.
 - The student can then be taken either in a car or taxi. If a Harrow car/van is used, two people should attend – one driver and another to ensure the patient's safety.
 - A member of the School Health Care Centre or School staff should always accompany the student until the parents arrive to take over (this could be whilst still at School).
 - The HM/Class Teacher should be informed in the event of injury or illness to a student and they should always contact the student's parent/guardian.
- 2.4 **Minor illnesses or accidents involving students**
- Students should in the first instance, see the House Master/House Mistress or member of staff on Duty who, if necessary, will arrange for the student to be accompanied to the School Health Care Centre.
 - Where minor incidents occur in School buildings, first aid may be given by a qualified first aider, but only as far as knowledge, training and skills permit.

2.5 **Minor illnesses or accidents involving staff or visitors**

The person concerned should be accompanied to the School Health Care Centre or first aid may be given by a qualified first aider, but only as far as knowledge, training and skills permit. If first aid is rendered, treatment given should be noted and the School Health Care Centre informed as soon as possible.

2.6 **Consent for treatment**

Students will always be encouraged to involve their parents in decisions and to talk openly with them about their health, personal and social development. However, with due consideration of age appropriateness, students may consent to their own medical treatment and/or to the administration of medication where the School considers they are sufficiently responsible and have sufficient understanding and intelligence to do so.

2.7 **Contact with House Masters / House Mistresses, Class Teachers and Parents**

When a student goes to the School Health Care Centre, there should be a flow of information to the House Masters / House Mistresses, or Class Teachers and also to the parents. The School Health Care Centre may use their judgement as to when HMs/Class Teachers/Parents should be informed (i.e. this is not necessary if it is for a simple plaster applied to a grazed knee).

Head Injury

If a student has a head injury, that is sufficiently significant to warrant a trip to the School Health Care Centre (regardless of whether there are any visible signs or symptoms), the School's Head Injury protocols must be followed, as outlined below:

- **Students in the Early Years:** in the case of any incident, the student will not be allowed to return to School and will be required to stay in the School Health Care Centre until parents can collect them to take them home.
- **Students in the Lower School:** If there are no visible signs or symptoms, parents will be contacted by the School Health Care Team, appraised of the situation, and given the option of picking up their child. However, if there are mild or moderate signs and symptoms, the student will not be allowed to return to School and will be required to stay in the School Health Care Centre until parents can collect them to take them home.
- **Students in the Upper School:** If there are no, or mild, visible signs or symptoms the students' parents will be contacted by the School Health Care Team, appraised of the situation, and given the option of picking up their child. If the student has moderate signs and symptoms, they will not be allowed to return to School and will be required to stay in the School Health Care Centre until parents can collect them to take them home.



- 2.8 In addition to the protocols above, any student who incurs a head injury sufficient to warrant a visit to the School Health Care Centre should also be given a wrist band to wear. This will identify them to all members of staff and ensure that everyone is able to monitor them as they go through their School day. Additionally, any student incurring a head injury and remaining at School, will be advised against participating in sport/physical activity for the remainder of that day.
- 2.9 The School will always try to contact parents according to the protocols laid out above. However, this is not always possible. If the parents' telephone diverts to answer machine, a message should always be left on WeCom and the next parental contact number on ISAMS should be tried. In the case of a serious accident, injury or illness, in which the parents cannot be contacted, the guardian will also be tried. If the Class Teacher cannot be contacted, the Head of Lower School should be contacted instead. If an HMM cannot be contacted, a member of the Upper School senior team should be consulted.

3 DISCHARGING STUDENTS HOME

- 3.1 If the patient is a day student and will not be able to re-enter School that day, parents may come to pick them up and care for them at home. This is not a necessity and, if not collected early, the student could be cared for in the School Health Care Centre until their usual end to the day.
- 3.2 However, there may be situations where they cannot travel home by School bus due to the infectious nature of their condition. In these cases, parents must come to collect the student from the School. Further guidance on School's management of infectious diseases can be found in *Appendix 2: Disinfection and isolation in case of infectious diseases*
- 3.3 In all cases, the School will only discharge a student home if there will be a responsible adult there to supervise them. If this is not the parent/guardian themselves, the School will require written permission from the parent/guardian stating that they can be released into the care of a driver/helper or other responsible adult.

4 DISEASE OUTBREAKS AND FOOD POISONING

- 4.1 The School follows Centre for Disease Control and Prevention guidelines in relation to any disease outbreak, as a minimum. These are updated outside of this Policy and necessarily usurp the provisions of this Policy.
- 4.2 Any diagnosed case of a 'statutory notifiable disease' will precipitate a letter from the School Health Care Centre to all parents in that child's year group. For the Upper School, this would be for the year group or House, depending on the situation.
- 4.3 There is a long list of Communicable Diseases, but the main diseases we are likely to encounter at School are HFMD, Influenza A, Measles & Scarlet fever. In addition, any incidences of Head Lice, Threadworm etc. will also be communicated to that child's Year Group, Class or House. If there is an outbreak of disease (usually defined as one confirmed case and others with similar symptoms) then temperature checks should be undertaken (any student >37.5°C should be sent home) and an enhanced cleaning/disinfecting regime should be undertaken
- 4.4 If a number of similar cases are reported to the School Health Care Centre, they will start a preliminary investigation and alert the local Health Department. They will contact all absent and sick students' parents for detailed information. After this, they will consult the specialists in the Health Department who will decide if an outbreak has occurred or not. If it is classed as



an outbreak, the Health Department will notify the School, and they may recommend a particular hygiene measure. The School Health Care Centre will then send out a notification to all of the parents as advised by the Health Department. If they deem it necessary, the Health Department may come to the School to investigate our disinfection protocols and provide a health talk to the students and staff. In a suspected group food poisoning's case, the Health Department may suggest/request Food Safety related government institute to conduct more testing/investigation of the environment, operation process and provide a health talk to the staff. A note of caution is often Health Department would issue press release when this is a confirmed or even a potential outbreak of communicable disease and/or group food poisoning. It is essential that the Health Care Centre Nurse together with the Head verify such possibility with Health Department. If it is confirmed that a press release will be issued, the Head should inform Head Office immediately and prepare a communication to parents to share factual information, known facts to date, mostly the School's solution.

- 4.5 The facilities management office should follow the Centre for Disease Control and Prevention guidelines for general disinfection and the specific disinfection during a disease outbreak.
- 4.6 HMs/Class Teachers will generally be the ones who hear about absent children first. If an absence is for health reasons, the HM/Class Teacher through Phase assistants must inform the School Health Care Centre. This is especially important if there are two or more students off sick for the same reason or a similar condition.
- 4.7 School policy is that Upper School or Lower School students can return to the school 48 hours after their last episode of diarrhoea or vomiting. This is only for a student with no other signs and symptoms and who has been fever-free without the use of medication. If there are other signs and symptoms presented, he/she will be required to seek medical consultation and obtain a medical certificate, before they can return to School.

5 FIRST AID

First aid may be given by a qualified first aider, but only as far as knowledge, training and skills permit.

- 5.1 First aid boxes are to be provided across the School and checked termly. When members of staff use a first aid box, the School Health Care Centre must be informed so that it can be replenished. In addition, first aid bags are to be available to staff for use in games practices, matches and other off-site activities.

5.2 Guidance on the management of specified conditions

Colds and Sore Throats

1. Rest
2. Fluids
3. Panadol regularly to ease discomfort
4. Strepsil lozenges if appropriate

Sprains

Ice packs are particularly useful in the first 24 hours after injury.

Apply the ice pack to the affected area - 10 minutes in every hour at maximum (ice should not be applied directly to the skin - wrap the ice pack in a damp cloth).

Acute Vomiting and Diarrhoea



Give clear fluids/electrolytes/rehydration salts if their last episode was more than 4 hours ago. Students should be allowed to eat if they feel hungry. Foods high in carbohydrates such as bread, pasta, rice or potatoes are best. Avoid dairy products until the student can tolerate all other foods. Students must remain off school until they have been 24 hours free of an episode, and they do not have a temperature / any other symptoms.

Ear-ache

Give Panadol - Contact the School Health Care Centre.

Threadworm/Pinworm:

If an incidence of threadworm is discovered, students must go home, and may only return once they have received the appropriate treatment (boarders can be treated in the School Health Care Centre).

Head lice:

If an incidence of head lice is discovered, students must go home, and may only return once they have received the appropriate treatment (boarders may be treated in the School Health Care Centre).

Diarrhoea

Unless the patient is able to evidence a negative virus/infection test (type of test as directed by the doctor) and School Nurse is satisfied that no symptoms remain, **the patient must not return to School sooner than 72 hours** after their last episode of diarrhoea. **If there are other signs and symptoms present, the School Nurse may direct the patient to seek a medical consultation and obtain a medical certificate, before they can return to School.**

Vomiting

Unless the School Nurse is satisfied (**on the balance of probabilities**) that the patient's vomiting can be otherwise explained (**such as a product of travel sickness, over-exertion, overeating, excessive coughing**), the patient must not return to School sooner than 72 hours after their last episode of vomiting unless:

- the patient is able to evidence a negative virus/infection test (type of test as directed by the doctor) **and**
- the School Nurse is satisfied that no symptoms remain.

If symptoms remain, the School Nurse may direct the patient to seek a (follow-up) medical consultation and obtain a medical certificate before they can return to School.

Fever:

Any student who has a temperature above 37.5°C must not attend school and may only return once they have been fever-free for 48 hours, without the use of fever-suppressing medication.

5.3 **Serious health conditions**

Anaphylaxis

Members of staff are given the opportunity to train in dealing with anaphylaxis; the School Health Care Centre will give training to staff that are likely to come in contact with students who need EpiPens. A list of students who carry EpiPens is on the 'Students of Note' list in the Staff Handbook. All students who require them must provide at least two EpiPens to the School. One of these should be kept in the School Health Care Centre and the other carried with the student or Class Teacher.

Asthma



Any student having an asthma attack should be offered their inhaler if they have one and the School Health Care Centre should be contacted.

Concussion/Head injuries

Any student who in the opinion of the member of staff has been concussed should be escorted or driven to the School Health Care Centre for assessment. They must not be allowed to continue playing games. The student's House Master / House Mistress or Class teacher should be made aware as soon as possible and parents informed. The School's Head Injury protocols, outlined above, must be followed.

Diabetes

Students with diabetes have an individual care plan. Students with diabetes will be on the 'Students of Note' list, in the Staff Handbook. Students with diabetes should be allowed to consume their glucose tablets or snacks in lessons or activities as necessary.

Epilepsy

Students with epilepsy have an individual care plan and will be found on the 'Students of Note' list in the Staff Handbook. Members of staff who are in contact with epileptic students are made aware of treatment they should carry out in the case of an attack.

Meningitis

Meningitis and septicaemia can be hard to recognise at first. Symptoms can appear in any order, but the first symptoms are usually fever, vomiting, stiff neck, and aversion to bright lights, headache and feeling unwell, just like many other mild illnesses. Not everyone develops all of the symptoms. If an ill student appears to have some of the relevant symptoms then staff should contact the School Health Care Centre immediately.



6 HEALTH CHECKS FOR STUDENTS

- 6.1 Students at the School should be given a basic screening for height/weight/vision in Years 1, 3, 5 and 7.
- 6.2 The Medical Center will recommend screening for all new students and for students for whom a concern has been raised, in an attempt to identify any issues that may hamper our students' health and development.
- 6.3 In addition, specialist vision and hearing screening, from a private practitioner, should be made available at the School (at a cost to the parents) annually for K1, K2 and Y1 students, as well as any new students, and those who have been referred by their Class Teacher or HoH.

7 NOTES FOR PARENTS

- 7.1 Parents are asked to note the following:
 - Students must not bring medication or drugs into School for their personal use unless prescribed by a doctor and with the knowledge of the School Health Care Centre. All such medicines must be handed immediately to the School Health Care Centre for safe-keeping. No one, except members of the School Health Care Team, should give medication of any kind to students.
 - Whilst every endeavour will be made to contact parents in an emergency, the Head acting in loco parentis, or a member of the School staff, has the authority to give permission for urgent medical and/or surgical procedures to be carried out including the administration of a general anaesthetic, where appropriate.
 - The diagnoses of students who are treated for epilepsy, anaphylaxis, diabetes or cancer (or any other serious medical issue) or who have a history of significant allergy, are recorded on the Students of Note list, as it is important that teaching and sports staff are alerted. Further details are given on a need-to-know basis or only with consent of the student or their parents.
 - Members of staff taking students away on trips must consult School Health Care Centre records, so that they are aware of any significant risks, medication or care that may be needed. This is particularly important if the trip is abroad and vaccinations need to be received several weeks in advance of the leaving date. This must be part of the risk assessment that must be in place before the trip leaves the School.
 - It is recommended that students who wear glasses or contact lenses bring a spare pair of glasses to School and glasses worn for games should have unbreakable lenses. Mouth guards are compulsory for playing rugby and hockey, shin pads are compulsory for playing football.
 - Dental problems are expected to be dealt with during the holidays. It is a policy of the School that, wherever possible, routine dental and orthodontic appointments do not encroach on School hours.
 - If a family doctor or a Consultant is seen when your child is away from School, details should be sent to the School Health Care Centre for entry into their records.
 - If, during the holidays, your child is exposed to an infectious illness, tropical disease or malaria, please inform the School Health Care Centre before they return to School.
 - For students new to the School, a medical form must be completed and returned to the School as soon as possible after it is received. This form will also be sent to the parents of existing students at the start of every academic year, to ensure that any changes to their medical details are noted.
 - All medical information about students is confidential, whatever their age. It may sometimes be necessary for the School Health Care Centre Team to pass on information to



parents, House Masters / House Mistresses, Class Teachers, HoH or other staff where the safety of a student or of other students might be compromised, or where there is a statutory duty to report. Wherever possible, however, information is passed on with the student's consent.

- Additionally, where the behaviour of a student is having an adverse effect on the community, in lessons, socially or in the House, information may be shared on a 'need to know' basis. In these cases, conferences with parents may be arranged to discuss the background to the problems manifesting themselves at School. The HoH/Class Teacher and other key pastoral staff, as necessary, will be party to these discussions and will therefore acquire information, which needs to be treated in confidence.

8 REPORTING AND RECORD KEEPING

- 8.1 A written or electronic record is kept of any accident or incident involving injury or requiring first aid (however minor), or any significant illness, or whenever the School has provided medication or other treatment.
- 8.2 These circumstances must be fully and accurately reported as soon as possible after the event and, where appropriate, detailed statements should be obtained from witnesses.
- 8.3 Completed Incident forms should be passed to the Director of Operations and copied to the School Health Care Centre and the appropriate senior manager.



APPENDIX 1: EXEMPLAR INFORMATION SHEETS

Hand Foot and Mouth Disease in Year / House / Class

In accordance with Department of Health guidelines, and as this is a notifiable communicable disease, I am writing to inform you that there is a confirmed case of hand foot and mouth disease in Year / House / Class. We would like you to be aware of the information below and suggest that you check your child for any signs of infection.

General information for parents and guardians about Hand Foot and Mouth Disease

What is HFMD?

Hand foot and mouth disease (HFMD) is a common disease in children caused by enteroviruses such as coxsackievirus or enterovirus 71 (EV71). EV71 infection is of particular concern as it more likely associates with severe outcomes (viral meningitis, encephalitis, poliomyelitis-like paralysis and even death in extreme cases). The usual peak season for HFMD is from early summer to autumn, with a smaller peak in winter. Despite its scary name, this illness is typically mild. The disease is mostly self-limiting and resolves in approximately one week without specific drug treatment.

Common Signs and Symptoms:

- Fever
- Poor appetite
- Runny nose
- Sore throat
- A blister-like rash on the hands, feet and in the mouth which usually develops one to two days after the initial symptoms

How can I prevent HFMD?

There is currently no effective vaccine. Good hygiene practices are the mainstay of prevention.

- Always keep hands clean by frequent hand washing, especially after using the toilet or changing nappies.
- Cover mouth and nose when sneezing and coughing.
- Disinfect toys, objects and surfaces contaminated by secretions or excreta with diluted household bleach (1 part of household bleach containing 5.25% sodium hypochlorite in 49 parts of water).
- Avoid close contact (kissing, hugging, sharing eating utensils or cups, etc.) with infected persons.

What should I do if HFMD is suspected?

Children presenting with any signs or symptoms should not attend school. Consult your health care provider if you or any member of your family has symptoms of this disease. HFMD is contagious and is best controlled by diligent hand washing.

We greatly appreciate your help and understanding and we will do our best to ensure your children's safety. Together, we can slow the spread of diseases. If you have any questions, please contact the School Health Care Centre.



Head Lice in Year / House

I am writing to inform you that at least one student in Year / House has been confirmed to have head lice. As this is contagious, we would like you to be aware of the information below and suggest that you check your child for any signs of infection.

General information for parents and guardians about head lice

What are they?

Head lice are tiny insects, no bigger than the size of a pinhead. They live on the hair and feed from the human scalp by sucking blood from the skin. They lay eggs, which are stuck firmly to the surface of hair strands.

Head lice are common and affect people from all walks of life. They live on clean and dirty hair. They do not only affect school children – half the people with head lice are adults of pre-school children. They may cause an itching scalp, but some people do not itch. Head lice are passed from one person to another by head to head contact. They cannot be picked up from towels, bedding or clothing.

How can I check for them?

Wash the hair, then work through some conditioner. Comb through with a fine-toothed comb (if possible a metal nit comb). If head lice are present they will become attached to the comb. Pay particular attention to the areas above the ears, the nape of the neck and under the fringe. Combing regularly with a nit comb can reduce the chance of infection. It is very important for everyone to check their own and their children's hair every week.

What should I do if I find head lice?

There are two possible ways to treat head lice.

Non-chemical treatment (bug busting): The hair is washed, conditioned and combed as in the section on looking for head lice. This must be repeated every 3 days for 2 weeks and about every 5 days after this. There is some evidence that bug-busting can work where every family in a community takes part.

Chemical treatment: These should be available from good pharmacists.

If one person in the family has head lice it is important to check everyone else's scalp. Do not treat other family members unless you find head lice, as overtreatment can lead to problems of resistance.

We greatly appreciate your help and understanding, and will do our best to ensure your children's safety. Together, we can slow the spread of diseases. If you have any questions, please contact the School Health Care Centre.

MRSA in Year / House / Class

In accordance with Department of Health guidelines, and as this is a notifiable communicable disease, I am writing to inform you that there is a confirmed case of MRSA in Year / House / Class. We would like you to be aware of the information below and suggest that you check your child for any signs of infection.

General information for parents and guardians about MRSA

What is MRSA and why is it so serious?

Staphylococcus aureus (S. aureus) is a bacterium that can be found in the nasal cavity and on the skin of some healthy people. Usually, this bacterium does not cause any harm. However, sometimes they get inside the body through a break in the skin and cause an infection. These infections are usually treated with antibiotics. Most S. aureus infections can be treated by antibiotics effectively. However, methicillin-resistant S. aureus (MRSA) is a strain of S. aureus that is resistant to antibiotics including methicillin and other commonly used antibiotics such as oxacillin, penicillin, amoxicillin and cephalosporins. Improper use of antibiotics is widely recognised as a contributing factor to antibiotic resistance.

Common Signs and Symptoms:

Most often, MRSA causes infections on the skin. These infections may look like any one of the following:

- Sores that look and feel like spider bites
- Large, red, painful bumps under the skin (called boils)
- A cut that is swollen, hot and filled with pus
- Blisters filled with fluid

It is also possible to have MRSA in other areas of the body, such as blood, lungs, eyes, and urine. These types of infections are less common.

How can I avoid contracting MRSA?

- Avoid sharing personal items such as towels, clothing or uniforms, razors or nail-clippers.
- Avoid contact sports if you have an open wound.
- Clean broken skin immediately and cover it properly with wound dressings. Consult a doctor promptly if symptoms of infection develop
- Follow your doctor's advice on use of antibiotics.
- Wash hands regularly with soap and water

What should I do if this infection is suspected?

Children presenting with any signs or symptoms should seek medical consultation. Students may be excluded if they have any signs or symptoms of MRSA infection as a precautionary measure. Consult your health care provider if you or any member of your family has symptoms of this infection.

We greatly appreciate your help and understanding and we will do our best to ensure your children's safety. Together, we can slow the spread of diseases. If you have any questions, please contact the School Health Care Centre.

Scarlet Fever in Year / House / Class

In accordance with Department of Health guidelines, and as this is a notifiable communicable disease, I am writing to inform you that there is a confirmed case of Scarlet Fever in Year / House / Class. We would like you to be aware of the information below and suggest that you check your child for any signs of infection.

General information for parents and guardians about Scarlet Fever

What is Scarlet Fever?

Scarlet fever is a bacterial infection caused by Group A Streptococcus bacteria. It mostly affects children under 10 years of age.

It usually starts with a fever and sore throat. Headache, vomiting and abdominal pain may also occur. The tongue may have a distinctive 'strawberry-like' (red and bumpy) appearance. A 'sandpaper' texture-like rash would commonly begin on the first or second day of illness over the upper trunk and neck which spreads to the limbs. The rash is usually more prominent in armpits, elbows and groin areas. It usually subsides after one week and is followed by skin peeling over fingertips, toes and groin areas.

Complications and Treatment:

Scarlet fever is sometimes complicated with middle ear infection, throat abscess, chest infection, meningitis, bone or joint problems, damage to kidneys, liver and heart, and rarely toxic shock syndrome.

It can be effectively treated with antibiotics. If your children develop symptoms of scarlet fever, consult your doctor promptly and take antibiotics according to your doctor's advice. Symptoms may partly be relieved by parallel use of fever-lowering drugs, rest and plenty of fluids.

Prevention and Management:

Maintain good personal and environmental hygiene. Always keep hands clean and wash with liquid soap when they are dirtied by mouth and nasal fluids. Cover your nose and mouth while sneezing or coughing and dispose of nasal and mouth discharges properly. Avoid sharing personal items e.g. eating utensils and towels. Maintain good ventilation. Sick children should refrain from school or child care settings until fever is down and they have been treated with antibiotics for at least 24 hours.

We greatly appreciate your help and understanding and we will do our best to ensure your children's safety. Together, we can slow the spread of diseases. If you have any questions, please contact the School Health Care Centre.

APPENDIX 2: Supplemental guidance on Disinfection and isolation in case of infectious diseases

When suspected cases/cases of infectious diseases are found, on the basis of daily preventive disinfection and isolation, the following work should be focused on:

(1) Identification of suspicious cases

When students are found to have abnormal symptoms and manifestations, the class teacher should contact the school nurse in time for preliminary identification.

(2) Emergency disposal of vomit and diarrhea

Relevant personnel should use emergency disposal kits for vomiting and diarrhea products, clean and dispose of vomit according to the prescribed procedures.

(3) Suspicious case isolation

School nurses should quarantine and observe suspicious cases, avoid contact with other students and inform their parents to take students for medical treatment. During this period, school nurse should be responsible for isolation management and personal protection.

(4) Registration and reporting

The school nurse should promptly register students with abnormal symptoms and follow up the medical treatment.

When confirmed case of infectious diseases are found, school nurses should report to the superior and relevant institutions in a timely manner, update relevant information in the "absence network information system" in time.

(5) Class observation

After students are diagnosed as infectious diseases, the school nurse is responsible for class observation where the infectious disease cases are located. During the observation period, the class where the case is located shall be relatively isolated from other classes, and shall not be divided, shared or accepted new students; activities, dining and toilet places shall be separated and staggered. If there are new cases in the class, the observation period should be recalculated from the last case to the expiration.

(6) Case treatment and return to work

Teaching staff or students who are directly contacted with food, tableware and students should be isolated at home during the illness of infectious diseases. After the quarantine period expires, they are no longer infectious and then they can return to school with a certificate issued by a medical institution. Employees should be temporarily transferred from work positions in contact with food, utensils and students. After they do not carry pathogens, they can return to their original jobs.

(7) Close contact management

When an infectious disease is found in a faculty, staffs' or student's home Inform school leaders in time, temporarily transfer from contact with food, utensils, and students when necessary, strengthen the health observation of students.

(8) Terminal disinfection

Under the guidance of professionals in the community health service center, the school nurse is responsible for timely terminal disinfect environments and items that might be contaminated by pathogens.

(9) Other control measures

After a confirmed case of infectious disease is found, according to the requirements of preventive disinfection in the epidemic season of infectious diseases, school should Strengthen the morning health check、 whole day health observation and health inspection. Strengthen the ventilation of windows and disinfection of the surface of environmental objects. Suspend the use of centralized air conditioners and air purifiers (except for special regulations), Suspended use of swimming pools and paddling pools. Strengthen hand washing and hand hygiene, and try to choose qualified disposable paper towels.

Disinfection and isolation measures in case of aggregation of infectious diseases

- (1) Cooperate and assist the local center for Disease Control and prevention in carrying out epidemiological investigation and specimen collection.
And actively implement the prevention and control measures proposed by the community health service center and CDC.
- (2) By the end of the epidemic, school should strengthen morning health examination, full-time health observation, health patrol inspection. Trace the reasons for absence, isolate and report student with symptoms in time, and fill in the "network direct reporting information system".
- (3) Classes and classrooms where infectious diseases occur shall be adjusted to both sides of buildings which can avoid cross infection.
- (4) Strengthen daily disinfection, carry out terminal disinfection under health control center.