



# 厦门华锐莱普顿学校

## 健康卫生工作指南

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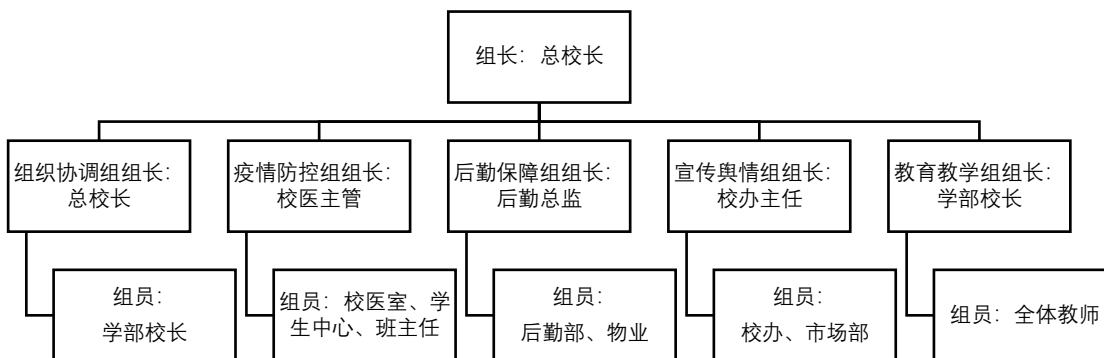
## 厦门华锐莱普顿学校健康卫生工作指南

为有力地保障我校师生身体健康和生命安全, 促进学校发展, 维护学校稳定, 将健康卫生管理工作依法纳入科学、规范、有序的轨道, 形成工作常规, 根据《中华人民共和国传染病防治法》、《学校卫生工作条例》、《中小学校传染病预防控制工作管理规范》、《托儿所幼儿园卫生保健管理办法》等法律法规及《厦门市学校及托幼机构传染病预防控制工作指南(2019年版)》相关文件精神的要求, 特制订我校健康卫生工作指南。

### 1 传染病预防控制工作指南

#### 1.1 组织保障

学校成立传染病预防控制工作领导小组, 组长由周小明总校长担任, 下设组织协调组、疫情防控组、后勤保障组、宣传舆情组、教育教学组, 各组组长由相关部门负责人担任, 全面负责学校传染病预防控制工作的组织领导和督查督办。总校长周小明校长为本校防控工作的第一责任人, 各分管校领导为直接责任人, 各部门负责人是本部门防控工作的责任人。



#### 1.2 各工作小组职责

1.2.1 组织协调组: 全面布置、负责指挥、组织检查、督促防控疫情工作及时有效开展、负责综合协调工作, 检查各工作小组工作落实情况。

1.2.2 疫情防控组: 及时收集、掌握学校疫情情况。负责收集、统计、复核师生身体状况及晨午检测结果, 对出现疑似病症的师生, 及时进行进一步的检查, 完善校内



可用检测手段, 根据结果综合评定, 安排校内隔离、回家休息或送医。指导教师做好班级防控工作, 针对疫情舆情向家长进行宣传指导, 强调不带病入校。与卫健部门联防联控, 做到早发现、早隔离、早治疗。指导后勤物业做好校内消毒消杀工作。

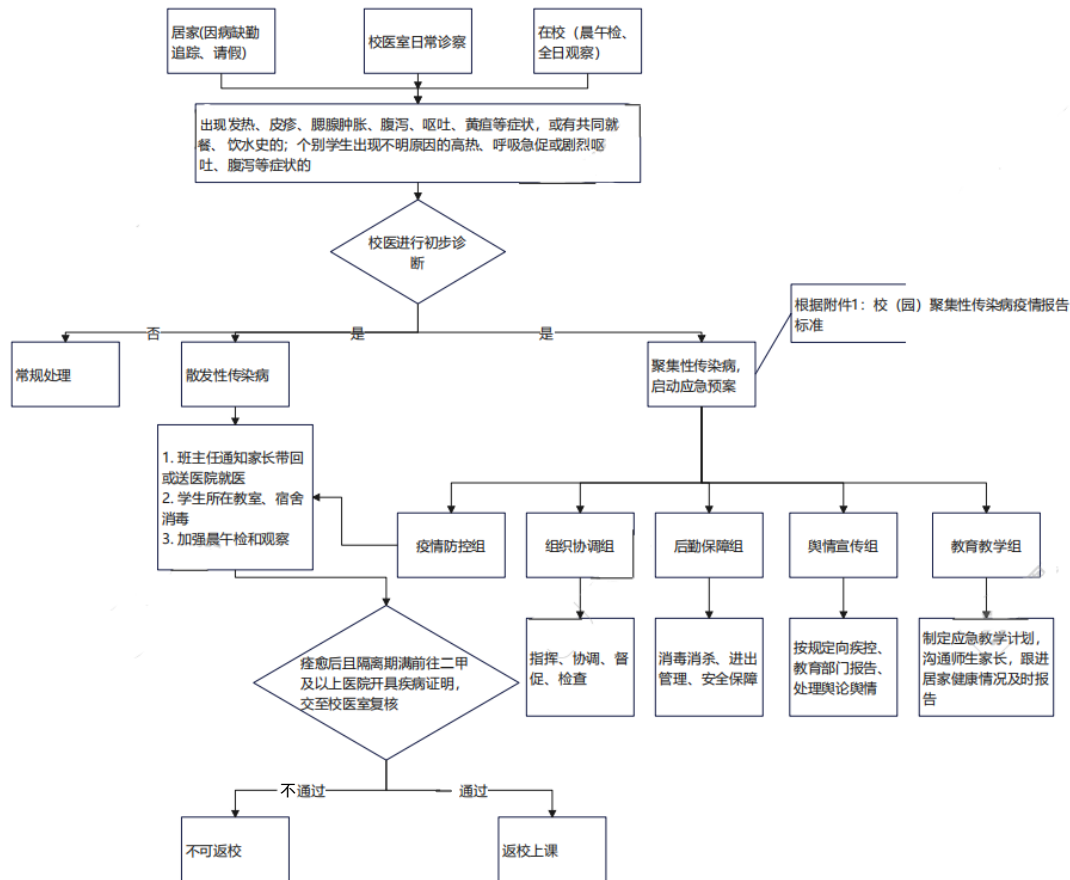
- 1.2.3 后勤保障组: 疫情期间落实学校安管理, 无关人员不得入校, 进校人员必须佩戴口罩、测量温度并登记, 严格落实导护制度和安全保障制度。落实防疫过程的后勤保障物品采购发放, 负责学校用餐、饮水的保障工作及协助救助工作, 做好校内消毒消杀工作。
- 1.2.4 宣传舆情组: 明确并落实突发性的传染病事故的信息报告人, 报告规则根据附件1《校(园)聚集性传染病疫情报告标准》, 整合信息并向上级报告疫情和续报工作; 负责对内对外的通讯联络, 负责防控紧急通知、报告、文件等上传下达。
- 1.2.5 教育教学组: 稳定师生情绪, 以免引起不必要的混乱; 家长来校, 安排专人做好家长的思想工作和接待工作; 维护正常的学习秩序和工作秩序。制定疫情期间学习预案, 根据实际调整教学计划, 指导学生安排好在家的学习和生活, 跟进师生居家期间的健康情况并及时报告给疫情防控组。

### 1.3 应急处置流程

1.3.1 学校所在地区发生传染病相关突发公共卫生事件:


- 1) 关注政府卫生部门公布信息, 获知后及时上报防控领导小组。
- 2) 启动应急预案, 尽快开展卫生应急的各项工作, 防控领导小组组织召开沟通会, 落实防控工作, 重点包括应急流程梳理、物资储备、晨午检、缺课登记追踪报告、复课证明查验、健康管理和通风消毒等。
- 3) 搜集校内疑似病例的相关资料和已接触人群信息, 经防控领导小组决策同意后向防疫部门上报, 听候指示。

1.3.2 校内发生传染病疫情处置流程图



### 1.3.3 传染病处置工作要求

- 1) 学生或教职工在校内出现疑似传染病, 要求患者立即戴防护口罩、手套, 到学校隔离室休息, 并由校医室进行初步诊断, 如判定为传染病则立即通知传染病医院, 需转医院治疗的立即转传染病医院。学生出现传染病症状的班主任立即通知其家长, 由家长陪同去医院, 家长不能到校的, 由班主任老师护送去医院(护送人员都要穿好防护服, 戴口罩、手套)。如果是本校教职工出现传染病, 也要求戴防护口罩、手套, 由校医初步检查后, 是传染病立即转传染病医院, 并由人事部通知其家属, 家属不能到校的由校医室人员护送去医院(护送人员都要穿好防护服, 戴口罩、手套)。
- 2) 传染病事件发生后, 疫情防控组及教育教学组收集病例所在班级基本信息、病例新增、既往病例诊疗转归、病例隔离及复课、密切接触者观察、防控措施落实等进展情况, 必要时配合收集班级学生免疫接种等信息, 及时向属地教育行政部门和疾控机构报告, 并按规定上报。
- 3) 我校学生或教职工一旦出现传染性疾病, 应及时就医并向学校请假, 不得带病上学、

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上班。传染病人在医院接受治疗时，禁止任何同学、同事前往探望。

- 4) 经医疗机构诊断为传染病的病例，必须按照规定进行足够时间的休假隔离，隔离期限可依据附件 2《学校常见传染病的主要特征及隔离期》，结合属地疾控机构的专业建议后综合判断，隔离至期满后 方可复课。
- 5) 传染病病例学生按规定隔离期满后，班主任应督促其先到校医室检查，持有校医出具的复课证明方可复课。对持有二甲及以上医院疾病证明的，需要先交到校医处复核登记，确认隔离期满后，方可复课。校医对病例复核结论与医院疾病证明不一致的，原则上以校医的复核结论为准。仍有争议的，校医应报告学校领导，必要时请属地卫生行政部门安排传染病临床诊断专家予以技术支持。以班主任老师为主，做好病例及其家长的解释沟通工作。
- 6) 在疫情出现的预警阶段，全校各班均要建立学生联络网，凡在假期、双休日或居家观察期间，都要按照规定时间向班主任报告。班主任要重点了解确认新的体温异常者，核实完毕按规定时间将本班情况向学部联络人报告，特殊情况第一时间直接向防控领导小组报告（确诊的、隔离的、危重的）。
- 7) 学校发生传染病疫情，达到附件 3《校（园）常见 传染病疫情建议停课标准》的，或者经卫生和教育部门评估后 认为应采取停课措施控制疫情的（含附件 3 中未列出的传染病疫情），学校应根据卫生行政部门或疾控机构提出的专业建议，上报主管教育行政部门同意后，可采取停课措施以控制疫情。如要对全校（园）实施停课措施的，须向属地人民政府正式报告。针对麻疹、风疹、水痘、流腮等潜伏期较长且疫苗效果较好的疾病，可根据疫情进展和密切接触者疫苗接种情况进行风险评估，决定是否缩短停课时间或取消停课。班级停课措施期满应组织复课。对于停课前和停课期间发病的学生，仍需满足单病例的隔离期限方可复课。对于仍有相关传染病症状的学生，继续按照单病例的隔离要求执行。
- 8) 采取一切有效措施，迅速控制传染源，切断传染途径，保护易感人群，具体做到：应注意尽量避免举行集体活动，尤其是室内的集体活动，如学生大会、报告讲座、文艺晚会等，控制疫情扩散的风险。确实必须举行的，注意做好个人防护和消毒通风。减少校内人员与外界往来。做好消毒工作，必要时可请防疫站操作，消毒结束后进行通风换气。做好疫情调查，学校密切配合疾控中心进行流行病学调查，对传染病人到过



的场所、接触过的人员进行随访，并采取必要的隔离观察措施。

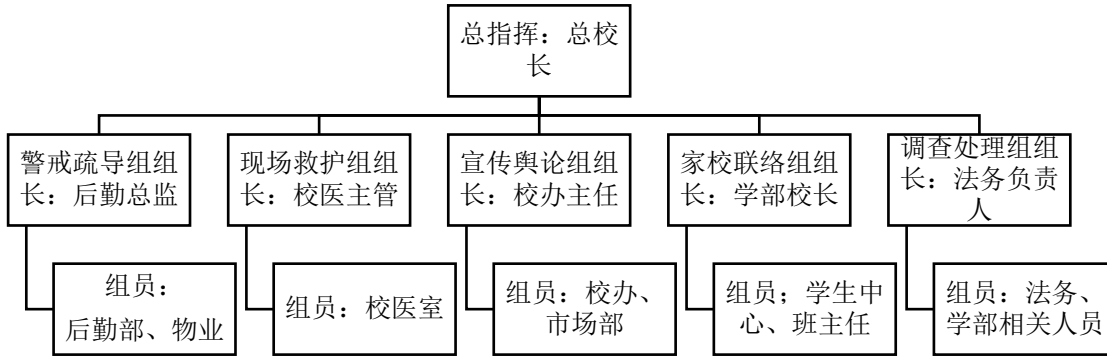
- 9) 经防控领导小组批准后，及时向师生和家长公布病情感染源及其采取的防护措施，让广大师生和家长了解情况，安定人心，维护学校稳定，树立战胜传染病的信念。
- 10) 传染病相关的突发公共卫生事件发生后，学生、学生家长和教职员工的关注度高，此时开展针对性的健康教育效果较好，应通过家长会、告家长书、专题讲座、家长微信群、发放宣传折页等形式开展健康教育，要注意争取学生家长的理解和支持，内容应侧重引起本次疫情的传染病的基本特征、临床表现、诊疗注意事项、主要危险因素、疫苗接种和防范要点，注意引导其规范隔离、诊疗和防护，避免疫情扩散传播。

## 2 校园突发公共卫生事件工作指南

2.1 突发公共卫生事件定义：突发急症、食物中毒、意外伤害事件。

2.2 突发公共卫生事件组织机构与职责

学校突发公共卫生事件领导小组为校园突发公共卫生事件应急机构，总校长为小组组长，下设警戒疏导、现场救护、宣传舆论、家校联络、调查处理小组。



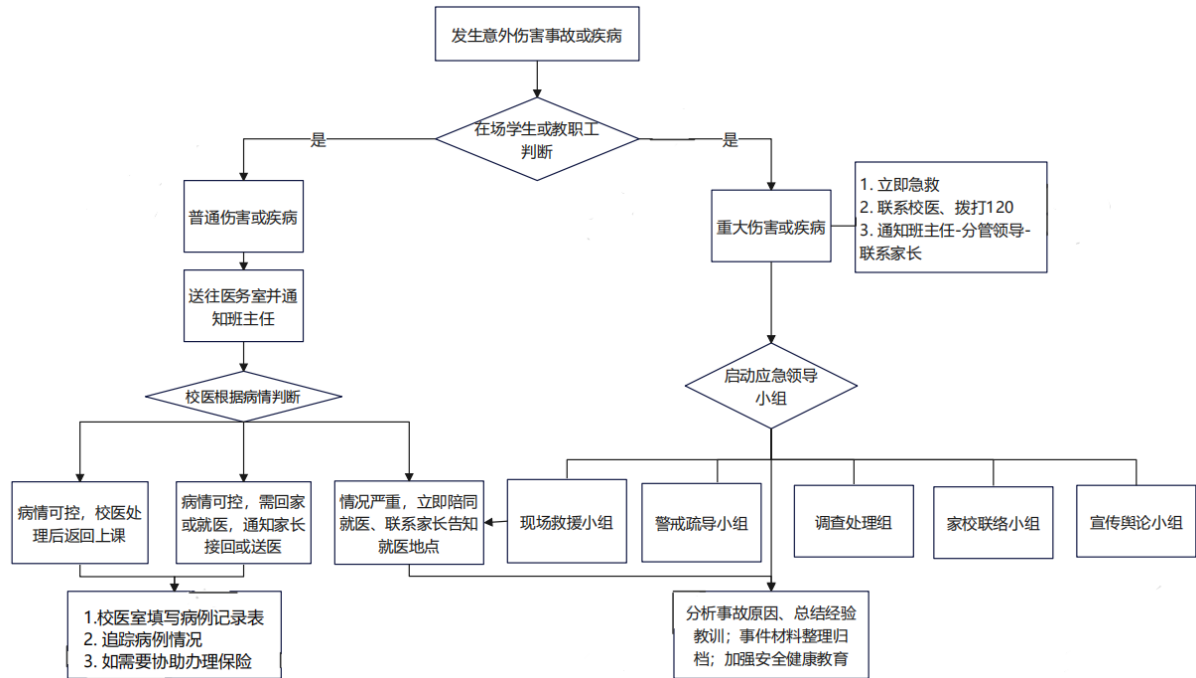
- 1) **警戒疏导组**：维护事发现场秩序，及时疏散聚集人群。及时制止或删除采访、拍照等现象。在公安部门的指导下，保护事发现场，留存相关证物，及时清理事故现场。加强校园人员、车辆进出管控。有矛盾激化迹象的，协调公安部门增派专门警力维持现场秩序，严防校闹事件发生。当急救人员到达学校时，应迅速引导他们到达事故现场，并提供必要的协助。
- 2) **现场救护组**：在等待急救人员到来的过程中，迅速进行现场急救处理。急救人员到来后配合医院工作人员做好医疗救护工作，提供详细的事故发生过程、受伤人员的状况



和先前的急救处理信息。急救人员在评估受伤学生的情况后, 会视情况而定是否需要  
进行转运, 需按照急救人员的指示, 配合进行转运准备, 确保学生能够迅速、安全地  
到达医院。

- 3) **宣传舆论组:** 负责对接媒体工作和事故上报工作, 现场视频、照片、文字报告工作。  
及时了解控制校内舆情, 防止校内师生发布虚假、不实信息。教育师生不接受媒体采  
访、不向外界反馈片面信息。及时搜集掌握舆情动态, 加强与驻地宣传、网信、网安  
和教育主管部门联系, 防止不实信息被媒体炒作。
- 4) **家校联络组:** 负责联络家长到事故现场或急救医院, 要保持冷静并提供准确的信息,  
安排专人做好家长的思想工作和接待工作, 包括及时协调接待安顿学生亲属, 陪同学  
生亲属到医院、殡仪馆、学习生活等场所, 做好亲属的安抚工作。倾听家属的诉求,  
答复家属的咨询和疑问, 稳定家属情绪, 引导其依法理性表达诉求。做好慰问、心理  
疏导等人文关怀。稳定师生情绪, 以免引起不必要的混乱; 维护正常的学习秩序和工  
作秩序; 在事件过后组织开展相关教育活动, 以确保学生的心理健康。
- 5) **调查处理组:** 调查事故原因, 搜集相关证据, 经过分析, 初步确定事故责任, 并协商  
后续保险、理赔等事宜处理。积极配合相关部门现场勘验取证、询问师生、走访调查  
等。全面了解和查阅涉事学生档案、日常表现、思想动态、家庭关系等, 建立涉事学  
生专项档案。在相关部门指导下, 陪同亲属察看监控录像等。密切跟踪掌握相关部门  
调查结论, 及时向学校领导小组报告。根据相关部门调查结论, 会同驻地派出所、镇  
街、司法、民政、保险等部门, 研究协商解决方案。做好与涉事学生亲属沟通、协商  
工作, 协商应在不影响学校正常教育教学、生活秩序的地点进行。双方经协商无法达  
成一致的, 应寻求当地公安、司法、镇街部门主动介入, 引导双方进行调解。对调解  
不成功的, 配合司法行政部门引导双方向人民法院提起诉讼。

### 2.3 应急处置流程图



### 2.3.1 应急处置程序

- 1) 凡校园内学生突发疾病或意外伤害后, 知情人应将其送往校医务室诊治 (情况严重者可通知校医前往, 校医必须在接到通知后 10 分钟内赶到), 如出现重大疾病或伤害, 则立即拨打 120 急救电话。
- 2) 如果遇情况较严重, 知情人应立即报告分管领导, 由分管领导报告应急领导小组总指挥, 启动应急预案。
- 3) 校医诊断病情严重者, 须拨打“120”接诊, 班主任通知家长到校陪护。家长不能及时赶到学校陪护的, 由校医、班主任或学部指定人员护送至医院救治, 班主任通知学生家长至诊疗医院。
- 4) 学生病重住院, 医药费可先由学校陪同人员垫付, 后续与家长结算医疗费用, 校医室联系保险公司办理理赔工作。
- 5) 经医院诊疗后, 学生如为传染性疾病, 班主任应告知校医, 以便进行后续的传染性疾病预防措施处理。

### 2.4 工作要求

- 1) 学生一旦发生突发疾病、意外伤害事件, 应立即采取行动, 切实做到领导到位、措施到位、人员到位, 决不能因为工作失误或麻痹大意而延误救治时机。
- 2) 对学生突发疾病、意外伤害的知情报告是全校师生的责任和义务。凡知情迟报、漏报、






瞒报、虚报的人员, 学校将追究其责任。

- 3) 对临阵脱逃和获悉信息后而未及时赶赴现场或对在处置过程中工作不落实、行动迟缓、措施不当而延误工作的个人, 学校将追究其责任。
- 4) 在突发事件的处理过程中, 如有新闻媒体要求采访, 必须报学校办公室并经过相关领导审核同意, 不得擅自接受采访或者对外传播信息, 违规者参照《厦门华锐莱普顿学校保密制度》规定进行处理。

### 3 校园日常健康卫生管理工作

#### 3.1 做好晨午检和因病缺课登记、追踪和报告工作

- 3.1.1 学部生活老师是本学部学生晨检第一责任人, 负责所负责学生的晨检和报告工作。幼儿园园医是幼儿园晨检第一责任人, 负责园内儿童的晨检和报告工作, 幼儿园应根据实际情况, 安排人员协助园医。
- 3.1.2 生活老师或园医每日早晨第一节课前对到校学生进行观察、询问, 了解其健康状况。重点关注学生有无发热、皮疹、腹泻、呕吐、黄疸、眼结膜充血、腮腺肿大、咳嗽等疑似传染病症状, 由校医及时进行排查, 做到早发现、早报告、早隔离。如怀疑呼吸道传染病患者, 应让其及时佩戴口罩。
- 3.1.3 晨检结束后, 学校由生活老师填写晨检记录表, 并于当天上午第一节课前交由校医汇总, 无异常的要进行零报告。幼儿园的晨检记录表由园医汇总填写。若发现聚集性疫情, 校医要应及时报告。
- 3.1.4 学校发生疑似传染病疫情及相关突发公共卫生事件时, 班主任或园医应在每日下午第一节课前增加午检, 寄宿生在发生传染病相关突发公共卫生事件时应增加晚检, 内容和报告要求同晨检。
- 3.1.5 各班班主任是本班因病缺课登记、追踪和报告的第一责任人, 应关注本班学生因病缺课情况。对于因病缺课的同学, 应问明病因, 填写学生因病缺课登记表, 及时交校医。
- 3.1.6 校医对学生因病缺课登记表进行汇总、分析, 若发现聚集性疫情, 应及时向学校领导、属地疾控机构和主管教育行政部门报告。
- 3.1.7 校医要妥善保管因病缺课的信息统计, 备卫健部门查阅。

 <p>厦门华锐莱普顿学校 CHIWAY REPTON SCHOOL XIAMEN</p>	<p>厦门华锐莱普顿学校 健康卫生工作指南</p>	<p>编号: CRS-ZD-2024-003 页码: 第10页, 共43页</p>
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- 3.1.8 各班班主任要在校医的指导下对本班因病缺课的学生的病情进展、诊疗和转归情况进行追踪。
- 3.2 做好学校卫生健康档案管理工作
- 3.2.1 校医室应当建立在校学生个人健康档案，以写实的形式记录学生在校期间体能测试，重大疾病，因病休学、复学情况，各类体检资料等内容，日常诊疗时并把学生诊疗检查情况及时请班主任告知家长。
- 3.2.2 校医室对患病的学生复课要实行复课检诊双证明制度，即患病的学生病愈且隔离期满时，有到医院就医的必须持医院的开具病历或疾病诊断证明，交给校医复检后，登记为可回班复课后，方可进班复课。居家休养的需根据附件 2《学校常见传染病的主要特征及隔离期》，无症状且隔离至期满后，经校医室综合判断，登记为可回班复课后，方可进班复课。校医室应将学生的病历或诊断证明和复课登记归档，以备查验。
- 3.2.3 校医如发现学生中出现疫情或疑似疫情，要将患传染病学生情况按要求填写在《传染病疫情登记本》，并将登记本长期保存。
- 3.3 做好校园消毒清洁工作
- 3.3.1 在传染病流行季节，后勤物业要定期对学校教室、实验室、图书馆、走廊、等学生聚集场所的通风换气和校园公共设施、公共用具进行消毒，特殊时期加强消毒频次。要作好消毒记录。搞好校园环境卫生，消灭卫生死角。发现患传染病病人或疑似病人，应及时对其接触过的环境进行彻底消毒。
- 3.3.2 教室、办公室、会议室、宿舍、卫生室、食堂、图书馆、实验室、体育馆、厕所等学生聚集场所应每天定时通风与换气。温暖天气宜实行全日开窗的方式换气，冬春季寒冷天气每天不少于两次，每次建议不少于 30 分钟，并安排专人不定期督导检查。
- 3.3.3 学校厕所、卫生室、食堂等学生聚集的重点场所每天消毒 1 次。发生传染病疫情时，要根据实际需要，科学适当增加通风和消毒频次。消毒完毕后要清洗擦拭物表并通风，避免引起学生不适。



- 3.3.4 学校要根据需要合理储备消毒剂和个人防护用品等消毒物资,并确保在有效期内。负责消毒的人员要正确掌握消毒剂的配制和使用技术。
- 3.3.5 针对诺如病毒胃肠炎疫情,要重视病例呕吐物的规范处置,要按照疏散学生、处置人员防护、充分消毒、清洗、通风的顺序操作,降低传播风险。
- 3.3.6 学校开展的或者购买社会化服务提供消毒服务的,都应做好消毒记录的登记备查。

### 3.4 做好学生的免疫接种管理工作

校医室应按计划免疫工作要求、配合卫健部门开展学生免疫接种工作。相关部门在办理新生入学(含转学)时,应要求学生家长必须向学校出示该新生的预防接种证或有效接种证明。若发现14岁以内未按照国家免疫规划的要求真实、完整完成相应疫苗接种的情形,学校配合卫健部门发放书面补种通知书并督促学生家长完成补种,确保学生均能完成国家免疫规划疫苗的接种。校医室应收集汇总本校学生预防接种查验信息,整理存档。

### 3.5 做好学生、教职工健康体检工作

- 3.5.1 校内如发现教职员工出现发热、皮疹、腮腺肿胀、腹泻、黄疸、结膜红肿等可疑传染病症状,应督促其及时明确诊断,对患有流感、流腮、水痘、活动性肺结核、诺如病毒胃肠炎、急性出血性结膜炎、手足口病、痢疾、淋病、梅毒、化脓性或者渗出性皮肤病等传染病的,要及时调离岗位,直至痊愈,并经校医复核后方可返岗。
- 3.5.2 托幼人员必须持有《托幼机构工作人员健康合格证》,并且在有效期内。
- 3.5.3 食堂从业人员须持有有效的《食品从业人员健康合格证》。如发现食堂从业人员出现发热、腹泻等症状,患有痢疾、伤寒、甲肝、戊肝等消化道传染病,活动性肺结核,化脓性或渗出性皮肤病等的,要求其不得从事接触直接入口食品的工作,要及时调离岗位直至痊愈,并通过校医复核后方可返岗。
- 3.5.4 学校每年应进行一次体检,受检人员包括学生、教职工、食堂从业人员,按照不同人群和工种,体检相应的项目内容。校医室应做好学生健康体检工作,并及时汇总学生的健康体检信息,人事部应做好教职工健康体检工作,汇总教职员工健康体检信息,后勤部应汇总食堂、物业员工健康体检信息。健康体检信息要整理存档,并妥善保管。



### 3.6 加强校园健康宣传工作

- 3.6.1 学校教职工应学习并熟知《厦门华锐莱普顿学校教职工急救手册》(附件4)。
- 3.6.2 校医室应和学部联动,利用多种形式组织开展防控传染病的预防、宣传和法制教育,提高广大师生员工的法律意识、公共卫生意识和自我保护能力,勤洗手、勤通风,养成良好的卫生习惯。通过各种形式向家长宣传普及讲解卫生健康知识,以取得家长的配合和支持。
- 3.6.3 校医室每学期须对应急预案实施方案进行一次全员培训,组织一次预案演练。每次演练后由校医室组织演练各小组对演练效果进行评估,形成总结报告,并对应急预案实施方案进行修订。


## 4 监督和奖惩

- 4.1 对于学校健康卫生工作不力造成损害,领导小组要对工作进行倒查。倒查过程中发现因相关责任人报告不及时、措施落实不到位导致事件扩散蔓延的,要依法依规进行通报和处理。
- 4.2 对于在校园健康卫生工作中尽职尽责,工作成效明显,亮点突出的人员,应给予表扬和奖励。

## 5 实施和解释

- 5.1 本指南在实施期间,如与国家、省、市新制定生效的相关规范存在差异或冲突时,以新制定生效的相关规范为准。
- 5.2 本指南由厦门华锐莱普顿学校校医室负责解释。
- 5.3 本指南自发布之日起生效,有效期两年。

- 附件:
1. 校园聚集性疫情传染病报告标准
  2. 校园常见传染病的主要临床特征及隔离期限
  3. 校园常见传染病疫情建议停课标准
  4. 教职工急救手册

 <p>厦门华锐莱普顿学校 CHIWAY REPTON SCHOOL XIAMEN</p>	<p>厦门华锐莱普顿学校 健康卫生工作指南</p>	<p>编号: CRS-ZD-2024-003 页码: 第13页, 共43页</p>
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## 附件 1. 校园聚集性传染病疫情报告标准

### 一、疑似聚集性传染病疫情报告标准

发现以下情形之一的，校园疫情报告人应在 24 小时内报告属地疾控机构和教育行政部门：在同一班级或宿舍，1 天内有 3 例或者连续 3 天内有 5 例及以上病例，且有相似症状（发热、皮疹、腮腺肿胀、腹泻、呕吐、黄疸等），或有共同就餐、饮水史的；个别学生出现不明原因的高热、呼吸急促或剧烈呕吐、腹泻等症状的。

### 二、聚集性传染病疫情报告标准

为提高疫情监测报告敏感性，及时发现苗头事件并作出预警处置，对于发现但不限于下列常见传染病，当病例数达到以下标准时，校（园）疫情报告人应立即向属地疾控机构报告（以下为按照《国家突发公共卫生事件相关信息报告管理工作规范（试行）》报告标准的 50%制订阈值）。

（一）细菌性和阿米巴性痢疾：3 天内，同一学校、幼儿园发生 5 例及以上细菌性和阿米巴性痢疾病例，或出现 1 例及以上死亡。

（二）麻疹：1 周内，同一学校、幼儿园发生 5 例及以上麻疹病例。

（三）风疹：1 周内，同一学校、幼儿园发生 5 例及以上风疹病例。

（四）流行性脑脊髓膜炎：3 天内，同一学校、幼儿园发生 2 例及以上流脑病例，或者有 1 例及以上死亡。

（五）流感：1 周内，在同一学校、幼儿园或其他集体单位发生 15 例及以上流感样病例，或 3 例及以上因流感样症状住院病例，或发生 1 例及以上流感样病例死亡。

（六）流行性腮腺炎：1 周内，同一学校、幼儿园等集体单位中发生 5 例及以上流行性腮腺炎病例。

（七）感染性腹泻（除霍乱、痢疾、伤寒和副伤寒以外）：1 周内，同一学校、幼儿园中发生 10 例及以上感染性腹泻病例，或死亡 1 例及以上。

（八）猩红热：1 周内，同一学校、幼儿园等集体单位中，发生 5 例及以上猩红热病例。


（九）水痘：1 周内，同一学校、幼儿园等集体单位中，发生 5 例及以上水痘病例。

**附件 2. 校园常见传染病的主要临床特征及隔离期限**

病种	潜伏期	主要临床特征	隔离期限
水痘	10-24 日	发烧、乏力、头部及躯干出现水疱	隔离至疱疹完全结痂为止, 且不少于发病后 14 日
流行性腮腺炎	8-30 日	发热、单侧或双侧腮腺肿胀, 也可见于舌下腺或颌下腺	腮腺肿胀完全消退, 且不少于腮腺肿胀后 14 日
流行性感冒	1-7 日	发热、头痛、鼻塞、咳嗽、流涕、咽痛、肌肉酸痛、乏力	热退后满 48 小时
诺如病毒胃肠炎	12-72 小时	腹泻和或呕吐症状为主, 恶心、腹痛、头痛、发热、畏寒和肌肉酸痛等症状为辅	临床症状消失后 3 日
手足口病	2-10 日	发热、食欲不振、咽痛、口腔、手掌、脚掌、臀部等出现斑丘疹、疱疹、溃疡	全部症状消失后 7 日
疱疹性咽峡炎	3-5 日	发热、咽痛、咽峡部黏膜小疱疹和浅表溃疡	隔离至发病后 2 周
急性出血性结膜炎	12 小时-3 日	结膜充血、眼刺激症状、流泪	临床症状消失, 且不少于发病后 7 日
猩红热	1-7 日	发热、头痛、全身不适、咽痛、吞咽痛、皮疹伴有痒感、疹后脱屑	典型症状消失, 且自治疗之日起不少于 7 日
风疹	14-21 日	1-5 天的轻度发热、头痛、不适合结膜充血, 伴有散在的小斑点和斑丘疹	出疹后 5 日解除隔离
流行性脑脊髓膜炎	1-7 日	突发高热、剧烈头痛、恶心、呕吐、颈项强直和畏光	症状消失后 3 日, 且不少于发病后 7 日
细菌性痢疾	数小时至 7 日	起病急, 畏寒、寒战伴高热、腹痛、腹泻和里急后重, 每天排便 10 余次, 呈脓血便或粘液便	症状消失后 7 日或粪便培养 2 次阴性

附件3 校园常见传染病疫情建议停课标准

病种	建议停课标准	建议停课时间
水痘	1 周内同一个班级内发 5 例及以上临床诊断或确诊病例的, 或者其他有必要采取停课措施以控制疫情的情形	不少于 14 天
流行性腮腺炎	1 周内同一个班级内发生 5 例及以上临床诊断或确诊病例的, 或者其他有必要采取停课措施以控制疫情的情形	不少于 14 天
流行性感冒	同一个班级内当天新发现流感样病例达 5 例及以上的, 或者该班级现症流感样病例达 30%及以上的, 或者一周内发生 2 例及以上实验室确诊流感住院(不包括门诊留观病例)或死亡病例的	一般为 4 天
手足口病	出现重症或死亡病例, 或 1 周内同一班级出现 2 例及以上病例, 建议病例所在班级停课 10 天; 1 周内累计出现 10 例及以上或 3 个班级分别出现 2 例及以上病例时, 经风险评估后, 可建议托幼机构停课 10 天	一般为 10 天
诺如病毒胃肠炎	同一班级现症疑似诺如病毒胃肠炎病例数达班级总人数的 25%及以上的, 或者经卫生和教育部门评估认为有必要采取停课措施以控制疫情的	一般为 3 天
急性出血性结膜炎	同一班级现症急性出血性结膜炎病例数达班级总人数的 25%及以上的, 或者经卫生和教育部门评估认为有必要采取停课措施以控制疫情的	一般为 2 天
猩红热	经卫生和教育部门评估认为有必要采取停课措施以控制疫情的	一般为 7 天
风疹	经卫生和教育部门评估认为有必要采取停课措施以控制疫情的	不少于 14 天

 <p>厦门华锐莱普顿学校 CHIWAY REPTON SCHOOL XIAMEN</p>	<p>厦门华锐莱普顿学校 健康卫生工作指南</p>	<p>编号: CRS-ZD-2024-003 页码: 第16页, 共43页</p>
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## 附件 4. 厦门华锐莱普顿学校教职工急救手册

### 一、前言

本手册由厦门华锐莱普顿学校校医室编写,目的是为在学校环境中进行急救提供指导。该手册包括如何评估和处理常见的伤害和紧急情况的基本信息,以及如何防止事故和伤害的发生。所有负责应对校园内紧急情况的工作人员都应熟悉本手册的内容。

### 二、未雨绸缪

1. 在学生入学前尽可能掌握学生已经存在的健康问题,例如:哮喘、糖尿病、癫痫、过敏史、先天性心脏病等,新生入学应填写《入学健康登记卡》并由家长签字确认,《入学健康登记卡》由校医室存档。
2. 学部班主任、心理老师应尽量从家长处获取学生健康问题的全面信息,并将这些信息提前共享给校医室,共同制定紧急预案。

### 三、急救的一般准则:

1. 保持冷静,在采取行动前评估情况。
2. 如有需要,可呼叫其他帮助。
3. 在进行急救时,一定要把自己的安全放在首位。
4. 除非有绝对必要,否则不要移动严重受伤的人。
5. 让伤者保持舒适和安心。

### 四、联系校医

1. 学校的校医室团队由两名医生和三名护士组成,当有学生在校时,这五名校医会轮流在两个校区的医务室进行值班,并每天将值班校医的联系电话发到“全校学生管理”微信群中。
2. 假如出现学生受伤或患病,在程度轻微,学生可以自行走动的情况下,可以安排学生自行到医务室就诊。
3. 假如出现情况较重,无法行走的情况,请立即电话联系校医到场进行急救。



## 五、基本生命支持:

1. 轻轻摇晃伤者, 询问其是否有反应。
2. 如果没有反应, 检查呼吸和脉搏。
3. 立即呼叫紧急医疗服务 (EMS)。
4. 如有必要, 开始心肺复苏。

## 六、心肺复苏 (CPR) 和自动体外除颤器 (AED)

在突发心脏骤停的情况下, 及时进行心肺复苏 (CPR) 和使用自动体外除颤器 (AED) 可以极大地增加生存机会。所有的学校工作人员应该在学年开始前接受 CPR 和使用 AED 的培训。

### 1. CPR 的主要步骤:

- 1) 发现倒地, 先叫人呼救;
- 2) 检查倒地者, 确定意识丧失、心跳呼吸停止;
- 3) 解开胸口衣物放置于平、硬表面 (地板或硬板床);
- 4) 胸部按压 30 次: 1/3 胸部深度, 100-120 次/分;
- 5) 打开气道, 确认无阻塞、颈椎无损伤, 仰额抬颏, 吹气 2 次;
- 6) 循环往复, 直至苏醒/急救人员到场。

### 2. 使用 AED 的主要步骤:

- 1) 至少执行 5 个心肺复苏循环之后使用;
- 2) AED 到达后, 露出胸部贴上电极垫, 除去任何金属、擦干水渍, 避免导电;
- 3) 根据语音指令操作。分析心电图时, 按照指示及时远离 (接触可能影响分析);
- 4) 指令电击时, 确定周围没有站人, 按钮电击;
- 5) 电击后, 电极贴不撕, 立即继续 CPR;
- 6) AED 会自动确定是否再次施加电击并发出语音指令;
- 7) 电击后或者 AED 不建议进行电击, 均继续 CPR 直至苏醒/急救人员到场。

### 3. 学校内设有 7 台 AED, 以便在紧急情况下快速获得。以下是 AED 的位置:

- 1) 北校区有 3 台 AED: 一台位于游泳池外, 一台位于 3 楼的篮球场旁边, 一台位于宿舍楼一楼前台对面。



- 2) 南校区有 3 台 AED: 一台位于学校医务室对面, 一台位于 5 楼的篮球场旁边, 一台位于宿舍楼一楼。
- 3) 幼儿园校区的楼梯下方有一台 AED。

## 七、海姆立克急救法

1. 海姆立克急救法是一种用于排除窒息者气道内异物的技术。
2. 只有在意识清醒、窒息时才能进行海姆立克急救法。
3. 进行海姆立克急救法时, 站在窒息者身后, 双臂环绕其腰部。
4. 用一只手握拳, 放在窒息者肚脐以上的位置, 然后用另一只手握住拳头, 在突然向上的推压下压迫窒息者的腹部。
5. 重复此过程, 直到异物被排除或窒息者失去意识。
6. 如果窒息者失去意识, 立即启动紧急救援系统并开始进行心肺复苏。

## 八、过敏和哮喘——警惕窒息风险

1. 患有过敏或哮喘的学生对气道阻塞的敏感性增加, 因此窒息的风险更高。
2. 轻度到中度的过敏症状包括流涕、眼红/痒、喉咙痒、咳嗽、红斑/皮疹和水肿。一般来说可以使用简单的外用或口服药物处理, 可以让学生自行到医务室进行治疗。
3. 哮喘发作的征兆包括咳嗽、呼吸困难导致胸闷、咳嗽和喘息、呼吸短促和情绪变化。发作时, 请将学生带到医务室静坐休息。使用学校备用或学生自带的药物, 并密切关注有无加重。
4. 如果出现呼吸道阻塞, 征象可能包括头晕、嘴唇发紫、呼吸困难、恶心、呕吐等, 都需要立即采取行动。立即打电话通知校医进行现场急救, 再决定是否将学生送往医院。

## 九、癫痫及相关症状

1. 癫痫是一种神经系统疾病, 会导致不同程度的抽搐、意识丧失等症状, 这些症状可能会在学生上课或在校期间突然发生。
2. 如果学生有癫痫病史, 班主任和生活老师应与家长沟通, 收集相关信息并与医务室一同制定紧急应对措施, 以应对突发癫痫病发作。



3. 癫痫相关症状有可能是失神发作或者抽搐发作。失神发作的表现可能为神色淡漠,不能言语、移动,举止怪异,磨牙、咂嘴等。失神发作可能自行终止,也可能接续抽搐发作。抽搐发作通常表现为肌肉僵直绷紧,或短暂/持续抽动,可能发生在五官、肢体或者全身。
4. 在癫痫发作的时候应当进行如下的紧急处理:
  - 1) 用手、毛巾或其他柔软物品保护住学生的头部,防止其撞到家具、墙壁等。
  - 2) 安排在场其他人员呼叫当值校医到场。
  - 3) 将学生移动到安静处侧躺,解开太紧的衣物,保持学生呼吸道通畅,并移开周围的家具、玩具,给发作学生一个安全的空间。
  - 4) 保持冷静,不要试图束缚或控制学生,不要往学生的嘴里塞东西,同时注意保护自己,避免被学生抽搐的肢体打伤、撞倒。
  - 5) 记录下发作的时间、发作的部位、症状和持续时间,如能进行录像更好。将发作资料保存好,以便就诊。
  - 6) 如发作时间持续太久,可能需要紧急送医,根据当值校医的判断来决定。

## 十、常见学生外伤

### 1. 流鼻血

- 1) 不仰头,不低头,平视前方,用纸巾暂时轻轻堵住鼻孔,不要用力塞入。
- 2) 嘱咐学生自己捏住鼻梁,按压止血,持续按压的同时来医务室进一步止血。

### 2. 手指头被门夹到

- 1) 手指头轻微活动,观察是否有肿胀。
- 2) 保护好手指,来医务室进一步判断后处理。

### 3. 牙齿磕掉

- 1) 保留好掉下的牙齿或者碎齿,观察有无出血。
- 2) 及时送医,部分情况可以直接修补。

### 4. 肢体的碰撞受伤

- 1) 轻柔触摸疼痛处,感受有无异常突起;
- 2) 肩关节脱臼往往为向前突起,手无法抬起;



- 3) 骨折可能为肢体变形, 可能会摸到锋利边缘;
  - 4) 如学生行走正常, 可以自行到医务室进一步处理;
  - 5) 如果学生无法行走, 或者担心行走过程中伤势加重, 可告知当值校医到场。
5. 头部受伤
- 1) 先到医务室进行初步的判断和处理。
  - 2) 警惕脑出血: 头部受伤 48 小时内持续观察无头晕、恶心、想吐, 如有需要医院就诊明确诊断。;
  - 3) 仔细观察撞击力度大小, 如果确实较大, 建议家长医院就诊以防万一。

# Chiway Repton School Xiamen

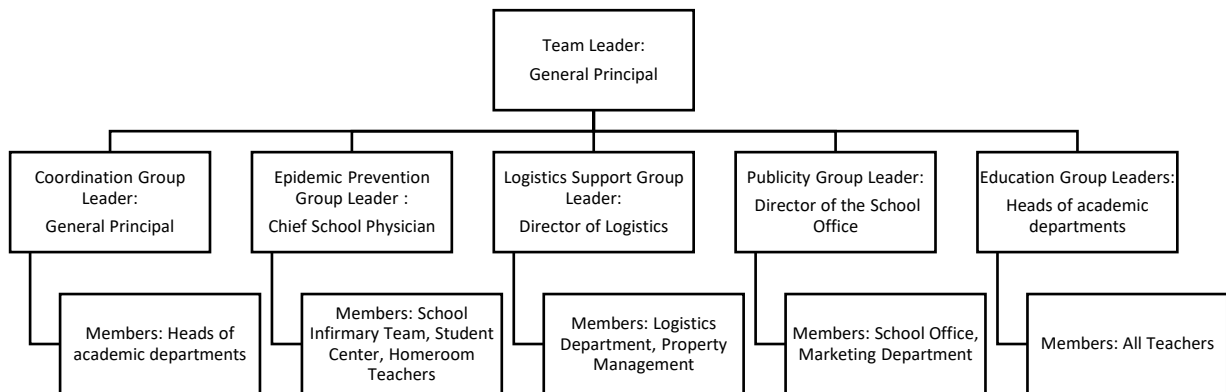
## Health and Hygiene Guidelines

To effectively safeguard the health and safety of our students and staff, promote the development of the school, and maintain stability, health and hygiene management work must be integrated into a scientific, regulated, and orderly system in compliance with laws and regulations such as the Law of the People’s Republic of China on Prevention and Control of Infectious Diseases, the School Health Work Regulations, the Standards for the Prevention and Control of Infectious Diseases in Primary and Secondary Schools, the Health Care Management Guidelines for Kindergartens, as well as the relevant policies from the Xiamen City School and Kindergarten Infectious Disease Prevention and Control Guidelines (2019 Edition). Based on these, our school has formulated these health and hygiene guidelines.

### 1. Infectious Disease Prevention and Control Guidelines

#### 1.1 Organizational Structure

The school has established a leadership team for the prevention and control of infectious diseases. The team is headed by General Principal, with subgroups focusing on coordination, epidemic prevention, logistics support, publicity, and education. Each subgroup is led by a relevant department head and is fully responsible for the organization, leadership, and supervision of the school's infectious disease prevention and control efforts.



## 1.2 Responsibilities of Each Group

### 1.2.1 Coordination Group:

Responsible for overall planning, command, organizing inspections, and urging timely and effective epidemic prevention work. Also, responsible for comprehensive coordination and inspecting the implementation of tasks by each group.

### 1.2.2 Epidemic Prevention Group:

Responsible for timely collection and monitoring of the school's epidemic situation. This includes collecting, verifying, and compiling the health statuses of students and staff, as well as morning and afternoon health checks. For any students or staff showing suspected symptoms, further examinations will be conducted using available on-campus resources. Depending on the results, decisions will be made about on-campus isolation, home rest, or medical referrals. This group also guides homeroom teachers on classroom prevention, provides health-related communication to parents, and emphasizes that no one with an illness should attend school. It also coordinates with local health authorities for joint prevention and control, ensuring early detection, isolation, and treatment. Additionally, it provides guidance to the logistics team on disinfection and sanitation efforts.

### 1.2.3 Logistics Support Group:

Implements school security measures during the epidemic, ensuring no unauthorized individuals enter the school. All individuals entering the school must wear masks, have their temperatures taken, and register. The group ensures the availability of logistical support and epidemic prevention supplies, manages school meals and drinking water, assists with medical aid, and supervises disinfection processes.

### 1.2.4 Publicity Group:

Designates the responsible individual for reporting information on any sudden infectious disease incidents. The reporting procedures follow the standards outlined in Attachment 1: Reporting Standards for School Epidemic Situations. This group is responsible for communication both within and outside the school, ensuring that emergency notices, reports, and documents are effectively communicated.



### **1.2.5 Education Group:**

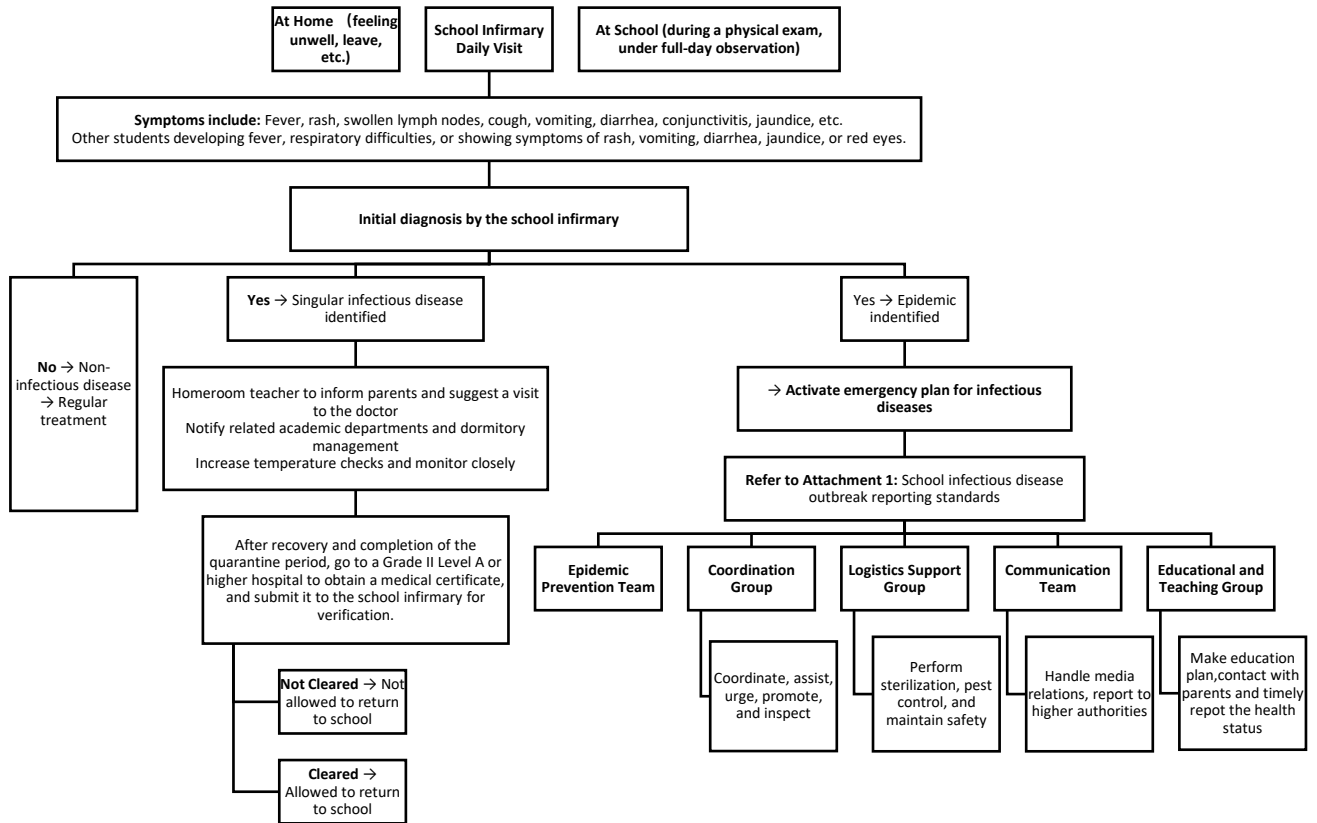
Stabilizes the emotions of students and staff to prevent unnecessary panic. They handle communication with parents when they visit the school and ensure normal teaching and learning continue during an outbreak. In the event of an epidemic, they will adjust the teaching plans accordingly and monitor the health status of students and staff during home isolation, reporting to the Epidemic Prevention Group as needed.

## **1.3 Emergency Response Procedures**

### **1.3.1 In the event of a public health emergency related to infectious diseases in the school's region:**

- 1) Monitor information published by health authorities and report promptly to the school's epidemic prevention leadership team upon awareness.
- 2) Activate the emergency response plan as soon as possible. The epidemic prevention leadership team will convene a meeting to implement control measures, focusing on workflow streamlining, supply management, health checks, absence tracking, re-entry verification, health management, and disinfection/ventilation procedures.
- 3) Gather information on suspected cases within the school and any individuals they may have come into contact with. After approval by the leadership team, report to the health authorities and follow their guidance.

### **1.3.2 Response Procedure for Infectious Disease Outbreaks in the School:**



### 1.3.3 Requirements for Handling Infectious Diseases:


- 1) If a student or staff member shows symptoms of a suspected infectious disease while at school, they must immediately wear a protective mask and gloves and be moved to the school's isolation room for rest. The school infirmary will conduct an initial examination, and if the case is determined to be an infectious disease, the individual will be referred to an infectious disease hospital. The student's homeroom teacher must notify the parents, who should accompany their child to the hospital. If the parents are unable to come, the teacher will accompany the student to the hospital (the teacher must wear protective clothing, a mask, and gloves). If a staff member is diagnosed, the school infirmary will notify the family, and if necessary, escort the individual to the hospital under the same protective measures.
- 2) After an infectious disease case is confirmed, the Epidemic Prevention Group and Education Group will collect information on the affected class, new and previous cases, isolation and





re-entry status, contacts, and implementation of control measures. This information will be reported to the local education authority and disease control center as required.

- 3) Students or staff who contract an infectious disease must take a medical leave and are prohibited from attending school or work while contagious. Visits from classmates or colleagues are not permitted while the patient is hospitalized.
- 4) Confirmed cases must follow isolation periods according to the guidelines outlined in Attachment 2: Key Characteristics and Isolation Periods for Common School Infectious Diseases. Re-entry into school is only permitted after isolation ends.
- 5) Students must present a clearance certificate from the school infirmary before resuming classes after their isolation period. If they have medical documentation from a certified hospital, it must be verified by the school infirmary. The school infirmary's clearance will take precedence over external medical documentation if discrepancies arise.
- 6) During an epidemic alert, every class must establish a student contact network. During holidays, weekends, or home quarantine periods, students must report their health status to the homeroom teacher at designated times. Homeroom teachers must focus on identifying any students with abnormal temperatures and verify the information. The homeroom teacher will report the situation to the department liaison and directly to the leadership team in special cases (confirmed, isolated, or critical cases).
- 7) If the school experiences an outbreak that meets the criteria outlined in Attachment 3: Suggested School Suspension Standards for Common Epidemics, or if health and education authorities determine that suspension is necessary to control the outbreak, the school should follow the professional recommendations from the local health authorities and report to the supervising educational department for approval. In cases where the entire school (or campus) requires closure, the school must formally report this to the local government. For diseases with a long incubation period, such as measles, rubella, chickenpox, and mumps, where vaccines are highly effective, the risk can be assessed to determine whether to shorten or cancel the suspension. Class suspension periods must be followed by an organized return to classes. Students who became ill before or during the suspension period must meet the

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isolation period requirements before rejoining classes. Any students still showing symptoms must continue isolation.

- 8) Take all necessary measures to quickly control the source of infection, cut off transmission routes, and protect vulnerable individuals. This includes avoiding group activities, especially indoor gatherings such as student assemblies, lectures, and performances, to reduce the risk of spreading infection. If large events are unavoidable, ensure personal protection and proper ventilation. Limit interactions between school members and external contacts. Ensure thorough disinfection of the school environment, and if necessary, request professional help from local health departments. After disinfection, the area must be well ventilated. The school should also assist the disease control center in conducting epidemiological investigations, follow up with individuals who had contact with the infected person, and take necessary isolation measures.
- 9) Upon approval from the leadership team, inform students, staff, and parents about the source of infection and the protective measures taken to ensure transparency, calm fears, and maintain stability. This will also foster confidence in overcoming the epidemic.
- 10) During a public health emergency related to an infectious disease, students, parents, and staff will pay close attention to the situation. This is an optimal time for targeted health education through parent-teacher meetings, letters to parents, special lectures, WeChat groups, and brochures. It's important to gain the understanding and support of parents by explaining the characteristics of the infectious disease, clinical symptoms, treatment recommendations, risk factors, vaccination options, and preventive measures. Encourage adherence to proper isolation, treatment, and protective measures to prevent further spread of the disease.

## **2. Guidelines for Sudden Public Health Events on Campus**

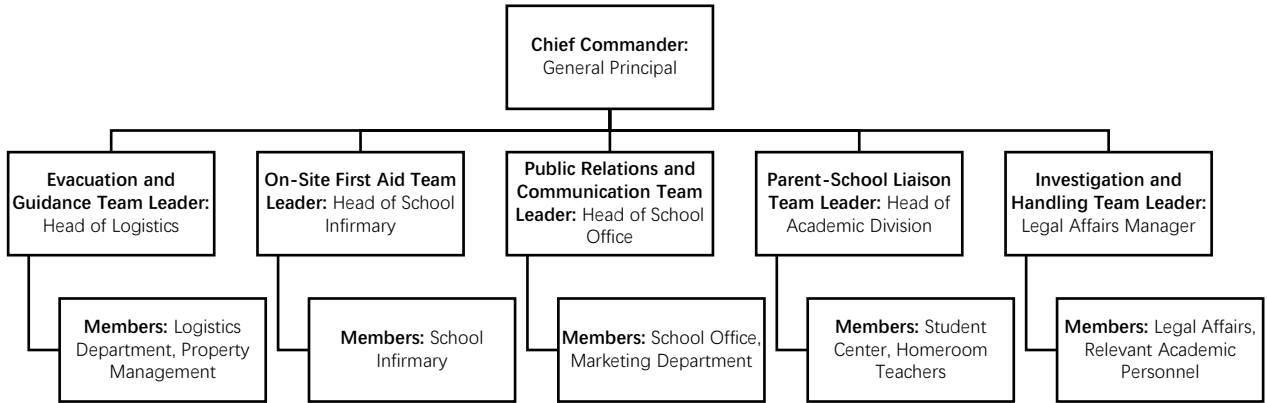
**2.1 Definition of Sudden Public Health Events:** Sudden health emergencies, food poisoning, or accidental injuries.

### **2.2 Organizational Structure and Responsibilities for Sudden Public Health Events**

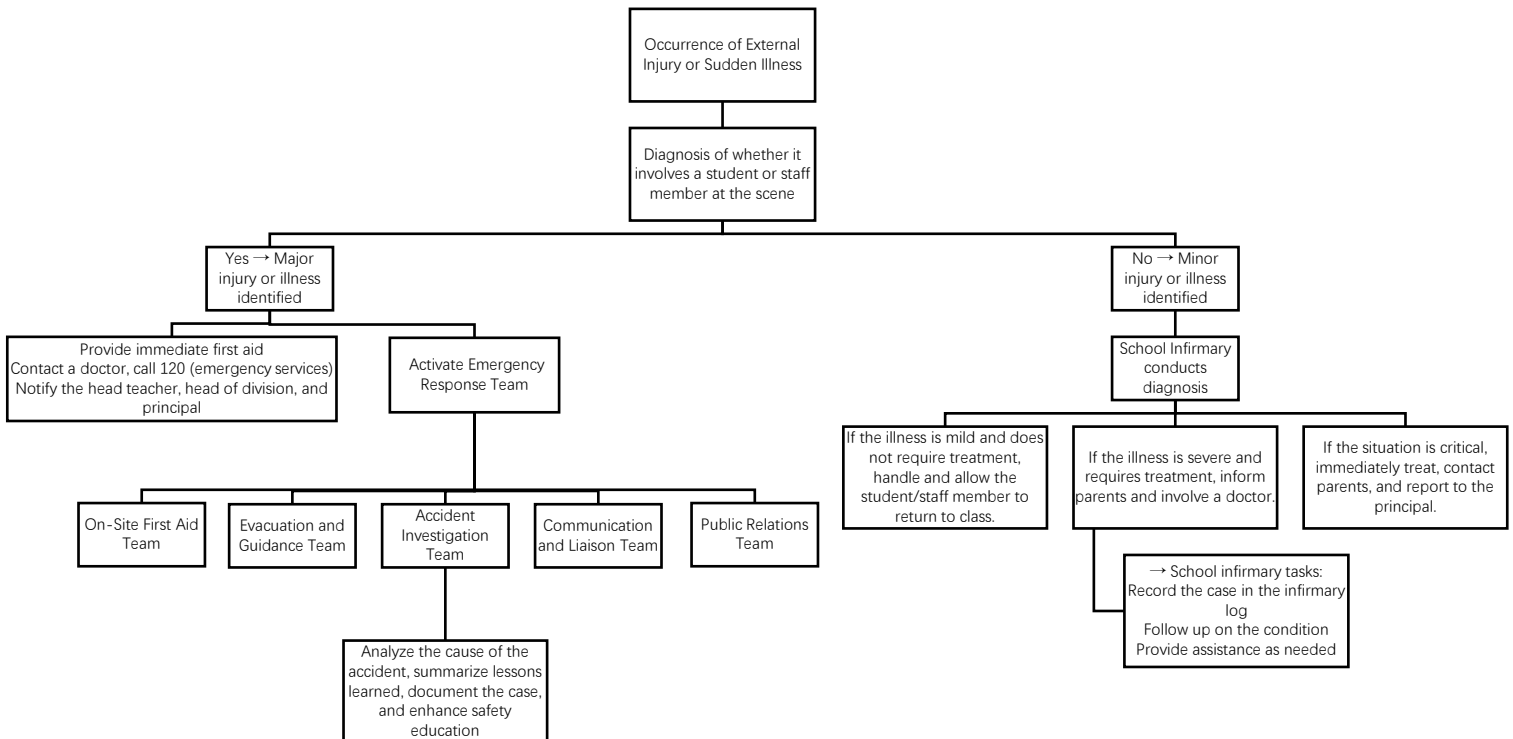
The leadership team for sudden public health events at Chiway Repton School Xiamen will serve as the emergency response team for such events. The principal is the team leader, with subgroups




for security and evacuation, on-site first aid, publicity, parent communication, and investigation.



### 2.3 Emergency Response Flowchart



 <p>厦门华锐莱普顿学校 CHIWAY REPTON SCHOOL XIAMEN</p>	<p>厦门华锐莱普顿学校 健康卫生工作指南</p>	<p>编号: CRS-ZD-2024-003 页码: 第28页, 共43页</p>
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### 2.3.1 Emergency Procedures:

- 1) When a student suffers a sudden illness or injury on campus, the individual who becomes aware of the situation should bring the student to the school infirmary for treatment (in severe cases, the infirmary staff may be called to the location). The infirmary staff must arrive within 10 minutes of being notified. For major illnesses or injuries, dial the emergency number 120 for medical assistance.
- 2) If the situation is serious, the person aware of the incident must immediately report to the supervising leader, who will then inform the head of the emergency leadership team to activate the emergency plan.
- 3) If the school infirmary determines the condition is severe, they must call emergency services 120, and the homeroom teacher must notify the parents to come to the school. If parents cannot arrive in time, the student will be escorted to the hospital by the infirmary staff, homeroom teacher, or designated personnel from the academic department. The homeroom teacher must notify the parents of the student's location.
- 4) In the case of hospitalization, the school may advance medical fees, which will later be settled with the parents. The school infirmary will coordinate with the insurance company for compensation.
- 5) If a student is diagnosed with an infectious disease, the homeroom teacher must inform the school infirmary so that follow-up preventive measures can be taken.

### 2.4 Work Requirements:

- 1) Immediate action must be taken in the event of a student's sudden illness or injury. Leadership, measures, and personnel must all be in place, and under no circumstances should negligence delay treatment.
- 2) Reporting incidents of sudden illness or injury is the responsibility of all students and staff. Any delay, omission, or false reporting will result in accountability for the individuals involved.
- 3) Any staff who fail to respond to a sudden event, are slow to act, or take inappropriate measures will be held responsible for any delays in handling the situation.



- 4) In the event of a media inquiry during a public health emergency, interviews must be cleared with the school office and approved by relevant leadership. Unauthorized interviews or dissemination of information will be handled according to the school's confidentiality policy.

### **3. Routine Health and Hygiene Management on Campus**

#### **3.1 Morning and Afternoon Health Checks, Absence Tracking, and Reporting**

**3.1.1** The dormitory teachers are the primary responsible persons for morning health checks and reporting for students in their respective departments. In the kindergarten, the school nurse is responsible for the morning health checks of children. Based on the situation, additional staff can be assigned to assist the nurse.

**3.1.2** Dormitory teachers or school nurses will observe and inquire about students' health statuses before the first class each morning. Particular attention will be paid to whether students exhibit symptoms such as fever, rash, diarrhea, vomiting, jaundice, eye redness, swollen glands, or cough, which may indicate a contagious disease. Any suspected cases will be referred to the school infirmary for further investigation to ensure early detection, reporting, and isolation. Students with suspected respiratory infections will be asked to wear masks.

**3.1.3** After completing the morning health checks, dormitory teachers must submit the health check records to the school infirmary before the first class. If there are no abnormalities, a "zero report" should be filed. The school nurse in the kindergarten will consolidate and submit the records. If a cluster of cases is detected, the school infirmary must report this immediately.

**3.1.4** During suspected infectious disease outbreaks or other public health emergencies, homeroom teachers or the school nurse will conduct additional health checks after lunch. For boarding students, evening health checks will also be conducted during an outbreak, following the same procedures as the morning checks.

**3.1.5** Homeroom teachers are responsible for tracking and reporting student absences due to illness. They must inquire about the reasons for any student absences, complete the illness absence tracking form, and submit it to the school infirmary in a timely manner.

**3.1.6** The school infirmary will consolidate and analyze the absence data, and if a cluster of cases is detected, it must be reported to the school leadership, local disease control authorities, and the



relevant education department.

**3.1.7** The school infirmary is responsible for maintaining accurate records of illness-related absences for review by health authorities.

**3.1.8** Homeroom teachers must, under the guidance of the school infirmary, track the progress, treatment, and recovery of students who are absent due to illness.

### **3.2 Management of School Health Records**

**3.2.1** The school infirmary is responsible for maintaining individual health records for each student. These records must include information on physical fitness tests, major illnesses, medical leave, and return-to-school data, as well as various health examination results. When medical treatment occurs, the infirmary must inform homeroom teachers to update parents accordingly.

**3.2.2** A "dual clearance" system will be implemented for students returning to school after an illness. If a student has received treatment at a hospital, they must provide a medical record or diagnosis certificate from the hospital, which must be submitted to the school infirmary for verification. Once the infirmary confirms that the isolation period has ended, the student may return to class. Students recovering at home must meet the isolation periods listed in Attachment 2: Key Characteristics and Isolation Periods for Common School Infectious Diseases. The school infirmary will archive medical records or diagnostic certificates along with clearance records for future reference.

**3.2.3** If the school infirmary detects a possible outbreak or a case of suspected infectious disease, they must record the case in the Infectious Disease Registry and preserve the registry for long-term review.

### **3.3 Campus Disinfection and Sanitation**

**3.3.1** During infectious disease seasons, the logistics department and property management must regularly ventilate classrooms, laboratories, libraries, corridors, and other areas where students gather. Disinfection of public facilities and communal equipment must be conducted, with frequency increasing during special periods. Disinfection records must be maintained, and all sanitation efforts should target eliminating hidden hazards. If an infectious disease is detected, the areas that the infected person contacted must undergo thorough disinfection.

**3.3.2** Classrooms, offices, meeting rooms, dormitories, the infirmary, cafeterias, libraries, laboratories, gyms, and restrooms must be ventilated daily at designated times. In warmer weather, windows should be kept open throughout the day. In colder weather, ventilation should occur at least twice daily for at least 30 minutes each time, with regular checks by assigned personnel.

**3.3.3** The school's restrooms, infirmary, and cafeteria must be disinfected once per day. During an epidemic, disinfection and ventilation frequencies should be scientifically increased as needed. After disinfection, surfaces must be wiped and ventilated to prevent any discomfort to students.

**3.3.4** The school should ensure an adequate supply of disinfectants and personal protective equipment and ensure that these items remain within their validity period. Personnel responsible for disinfection must be properly trained in the preparation and use of disinfectants.

**3.3.5** For outbreaks of norovirus gastroenteritis, strict procedures must be followed for the safe disposal of vomit. This includes evacuating students, protecting staff handling the clean-up, thoroughly disinfecting the area, and ensuring proper ventilation.

**3.3.6** Whether disinfection is handled by the school or outsourced to external services, proper records of disinfection activities must be maintained for future reference.

### **3.4 Management of Student Immunizations**

The school infirmary must work with local health departments to coordinate student immunization programs. Upon registration of new or transferring students, parents must provide proof of vaccination. If any student under the age of 14 has not completed the required immunizations under the national immunization program, the school will issue written notifications urging parents to ensure the student completes the necessary vaccinations. The infirmary will collect and maintain immunization records for all students.

### **3.5 Health Examinations for Students and Staff**

**3.5.1** If a staff member is found to have suspicious symptoms such as fever, rash, swollen glands, diarrhea, jaundice, or eye redness, they must undergo a formal diagnosis promptly. Those diagnosed with influenza, mumps, chickenpox, active tuberculosis, norovirus gastroenteritis, acute hemorrhagic conjunctivitis, hand-foot-and-mouth disease, dysentery, gonorrhea, syphilis, or purulent or exudative skin diseases must be temporarily removed from their posts until they

recover. A return to duty can only occur after approval from the school infirmary.

**3.5.2** Childcare personnel are required to hold valid Health Certificates for Childcare Workers, and these certificates must remain valid throughout their employment.

**3.5.3** Cafeteria staff must hold valid Health Certificates for Food Handlers. If any cafeteria worker shows symptoms such as fever or diarrhea, or is diagnosed with diseases like dysentery, typhoid, hepatitis A, hepatitis E, active tuberculosis, or purulent or exudative skin diseases, they must be immediately removed from positions involving direct contact with food until they recover. Reinstatement is contingent on approval from the school infirmary.

**3.5.4** The school must conduct annual health check-ups for students, staff, and cafeteria employees. Health check-up content must vary according to the specific roles of individuals. The school infirmary will consolidate and maintain records of student health exams, while the Human Resources Department will handle the health records of staff. The Logistics Department will oversee the health records of cafeteria and property management employees. All health records must be properly archived and maintained for future reference.

### **3.6 Strengthening Health Education on Campus**

**3.6.1** School staff must familiarize themselves with the Chiway Repton School Xiamen Staff First Aid Handbook (Attachment 4).


**3.6.2** The school infirmary, in collaboration with academic departments, must organize health education campaigns on the prevention of infectious diseases using various formats. This should include raising awareness about laws, public health, and self-protection, encouraging students and staff to practice good hygiene such as frequent hand-washing and proper ventilation. Educational activities should also target parents, to foster their understanding and cooperation.

**3.6.3** Each semester, the school infirmary is required to provide all staff with training on the implementation of emergency plans and organize at least one emergency drill. After each drill, the infirmary should evaluate the effectiveness of the response, compile a report, and revise the emergency plans as needed.

## **4. Supervision, Rewards, and Penalties**

**4.1** If shortcomings in school health and hygiene work cause harm, the leadership team must



 <p>厦门华锐莱普顿学校 CHIWAY REPTON SCHOOL XIAMEN</p>	<p>厦门华锐莱普顿学校 健康卫生工作指南</p>	<p>编号: CRS-ZD-2024-003 页码: 第33页, 共43页</p>
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conduct a retrospective investigation. If the investigation reveals that incidents escalated due to delayed reporting or insufficient action by responsible individuals, those individuals will be held accountable and face disciplinary action as per regulations.

4.2 Staff who perform well in health and hygiene management, achieve outstanding results, or demonstrate exemplary practices will be recognized and rewarded.

## 5. Implementation and Interpretation


5.1 In cases where these guidelines conflict with any newly enacted national, provincial, or municipal regulations, the newly enacted regulations shall take precedence.

5.2 These guidelines are interpreted by the School Infirmary of Chiway Repton School Xiamen.

5.3 These guidelines take effect from the date of issuance and are valid for two years.

### Attachments:

1. Reporting Standards for Infectious Disease Outbreaks in Schools
2. Key Characteristics and Isolation Periods for Common School Infectious Diseases
3. Suggested School Suspension Standards for Common School Infectious Diseases
4. Chiway Repton School Xiamen Staff First Aid Handbook

 <p>厦门华锐莱普顿学校 CHIWAY REPTON SCHOOL XIAMEN</p>	<p>厦门华锐莱普顿学校 健康卫生工作指南</p>	<p>编号: CRS-ZD-2024-003 页码: 第34页, 共43页</p>
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## Attachment 1: Reporting Standards for School-Based Infectious Disease Outbreaks

### 1. Standards for Reporting Suspected Infectious Disease Clusters

If any of the following conditions are detected, the designated school epidemic reporter must report the situation to the local disease control authority and educational administration within 24 hours:

In the same class or dormitory, 3 or more cases with similar symptoms (fever, rash, swollen glands, diarrhea, vomiting, jaundice, etc.) occur in 1 day, or 5 or more cases appear over 3 consecutive days.

Any individual student exhibits unexplained high fever, shortness of breath, severe vomiting, diarrhea, or other significant symptoms.

### 2. Standards for Reporting Confirmed Infectious Disease Clusters

To enhance surveillance and issue timely warnings, the following common infectious diseases must be reported to the local disease control authority if the number of cases reaches the specified thresholds:

- Bacterial or amebic dysentery: 5 or more cases within 3 days at the same school or kindergarten, or any single fatality.
- Measles: 5 or more cases within 1 week at the same school or kindergarten.
- Rubella: 5 or more cases within 1 week at the same school or kindergarten.
- Meningococcal meningitis: 2 or more cases within 3 days at the same school or kindergarten, or any single fatality.
- Influenza: 15 or more cases of flu-like symptoms within 1 week at the same school or kindergarten, or 3 or more hospitalizations or 1 death.
- Mumps: 5 or more cases within 1 week at the same school or kindergarten.
- Infectious diarrhea (excluding cholera, dysentery, typhoid, and paratyphoid): 10 or more cases within 1 week at the same school or kindergarten, or any single fatality.
- Scarlet fever: 5 or more cases within 1 week at the same school or kindergarten.
- Chickenpox: 5 or more cases within 1 week at the same school or kindergarten.


**Attachment 2: Key Characteristics and Isolation Periods for Common School Infectious Diseases**

<b>Disease</b>	<b>Incubation Period</b>	<b>Key Clinical Characteristics</b>	<b>Isolation Period</b>
<b>Chickenpox</b>	10–24 days	Fever, fatigue, vesicles appearing on head and torso	Isolate until all blisters have fully scabbed, but no less than 14 days after onset of symptoms.
<b>Mumps</b>	8–30 days	Fever, swelling of one or both parotid glands; may involve sublingual or submandibular glands	Isolate until swelling of the parotid gland subsides, but no less than 14 days after swelling starts.
<b>Influenza</b>	1–7 days	Fever, headache, nasal congestion, cough, runny nose, sore throat, muscle aches, fatigue	Isolate until 48 hours after fever has subsided.
<b>Norovirus Gastroenteritis</b>	12–72 hours	Main symptoms include diarrhea and/or vomiting, with nausea, abdominal pain, headache, fever, chills, and muscle aches	Isolate until 3 days after symptoms disappear.
<b>Hand-Foot-and-Mouth Disease</b>	2–10 days	Fever, loss of appetite, sore throat, rash or sores in mouth, on hands, feet, and buttocks	Isolate until 7 days after all symptoms disappear.
<b>Herpangina</b>	3–5 days	Fever, sore throat, small blisters and shallow ulcers in throat	Isolate until 2 weeks after onset of symptoms.

<b>Acute Hemorrhagic Conjunctivitis</b>	12 hours – 3 days	Redness of the eyes, irritation, tearing	Isolate until symptoms disappear, but no less than 7 days after onset.
<b>Scarlet Fever</b>	1–7 days	Fever, headache, general malaise, sore throat, rash that itches, peeling skin after the rash subsides	Isolate until symptoms disappear, but no less than 7 days from the start of treatment.
<b>Rubella</b>	14–21 days	Mild fever for 1–5 days, accompanied by headache, malaise, and conjunctival redness, with scattered small spots or rashes	Isolate until 5 days after rash onset.
<b>Meningococcal Meningitis</b>	1–7 days	Sudden onset of high fever, severe headache, nausea, vomiting, neck stiffness, and sensitivity to light	Isolate until 3 days after symptoms disappear, but no less than 7 days after onset.
<b>Bacterial Dysentery</b>	A few hours – 7 days	Sudden onset, chills, shivering, high fever, abdominal pain, diarrhea with frequent bowel movements, and mucus or blood in stools	Isolate until 7 days after symptoms disappear or until two negative stool cultures.

**Attachment 3: Suggested School Suspension Standards for Common School Infectious Diseases**

<b>Disease</b>	<b>Suggested Suspension Threshold</b>	<b>Suggested Suspension Period</b>
<b>Chickenpox</b>	5 or more clinically diagnosed or confirmed cases in a single class within 1 week, or if other conditions warrant school closure to control the outbreak	No less than 14 days
<b>Mumps</b>	5 or more clinically diagnosed or confirmed cases in a single class within 1 week, or if other conditions warrant school closure to control the outbreak	No less than 14 days
<b>Influenza</b>	If 5 or more new flu-like cases are found in a class on the same day, or if 30% or more of the class shows symptoms within 1 week; or if 2 or more cases require hospitalization or death	Generally 4 days
<b>Hand-Foot-and-Mouth Disease</b>	If 2 or more cases occur in a class within 1 week, the affected class should be suspended for 10 days; if 10 or more cases or 3 classes each report 2 or more cases, the entire school may be suspended for 10 days	Generally 10 days
<b>Norovirus Gastroenteritis</b>	If 25% or more of a class is affected, or if health authorities assess the situation and recommend suspension	Generally 3 days
<b>Acute Hemorrhagic Conjunctivitis</b>	If 25% or more of a class is affected, or if health authorities assess the situation and recommend suspension	Generally 2 days
<b>Scarlet Fever</b>	If health and education authorities recommend suspension to control the outbreak	Generally 7 days
<b>Rubella</b>	If health and education authorities recommend suspension to control the outbreak	No less than 14 days

 <p>厦门华锐莱普顿学校 CHIWAY REPTON SCHOOL XIAMEN</p>	<p>厦门华锐莱普顿学校 健康卫生工作指南</p>	<p>编号: CRS-ZD-2024-003 页码: 第38页, 共43页</p>
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## Attachment 4: First Aid Manual for Staff at Chiway Repton School Xiamen

### I. Introduction

This manual is written by the school infirmary team of Chiway Repton Xiamen. The purpose of this manual is to provide guidelines for administering first aid in a school setting. The manual includes basic information on how to assess and manage common injuries and emergencies, as well as how to prevent accidents and injuries from occurring. All staff members who are responsible for responding to emergencies on campus should be familiar with the contents of this manual.

### II. Be Prepared

- Homeroom teachers and dormitory supervisors should communicate with parents to know if their students have any pre-existing health conditions, such as asthma, diabetes, epilepsy, allergies, congenital heart disease, etc., before the students enter the school.
- Try to obtain comprehensive information about the students' health problems from the parents and share this information with the school infirmary in advance to jointly formulate an emergency plan.

### III. General Guidelines of First Aid:

- Remain calm and assess the situation before taking action.
- Call for additional help if needed.
- Always prioritize your own safety when providing first aid.
- Do not move a seriously injured person unless it is absolutely necessary.
- Keep the person comfortable and reassured.

### IV. Contacting School Physicians

- The school infirmary team consists of two doctors and three nurses. When there are students in school, these five physicians will take turns on duty in the infirmary of both campuses, and the contact information of the on-duty physician will be sent to the "School-wide Student Management" WeChat group every day.



- If a student is injured or becomes ill and can walk on their own, they can go to the infirmary for treatment.
- If the situation is more serious and the student is unable to walk, please immediately call the school physician to come and provide first aid.

#### **V. Basic Life Support:**

- Check for responsiveness by gently shaking the person and asking if they are okay.
- If unresponsive, check for breathing and pulse.
- Call for emergency medical services (EMS) immediately.
- Start CPR if necessary.

#### **VI. Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillators (AED)**

In the event of a sudden cardiac arrest, prompt CPR and defibrillation with an automated external defibrillator (AED) can greatly increase the chances of survival. All school staff should be trained in performing CPR and using an AED by the beginning of the school year.

- Main Steps of CPR
  - ◆ If you find someone on the ground, get someone to call for help first
  - ◆ Confirm unconsciousness, and heartbeat/breathing stopped
  - ◆ Unwrap chest clothing and place on a flat, hard surface (floor or hard board bed)
  - ◆ Chest compressions 30 times: 1/3 chest depth, 100-120 times/min
  - ◆ Open the airway, confirm that there is no obstruction and no damage to the cervical spine, tilt the forehead and lift the chin, and blow 2 times
  - ◆ Loop until awakening/emergency personnel arrive
- Main Steps of Using AED
  - ◆ Use after performing at least 5 CPR cycles
  - ◆ When AED arrives, expose chest and apply electrode pads, remove any metal, and wipe dry to avoid electrical conductivity.
  - ◆ Operate according to voice instructions. When analyzing ECG, move away as instructed (contact may affect analysis).
  - ◆ When commanded to shock, make sure it's ALL CLEAR, then push the button.



- ◆ After the electric shock, do not tear off the pads, immediately continue CPR
- ◆ The AED will automatically determine whether to apply another shock and issue voice commands
- ◆ After the shock has been delivered, or if no shock is advised by the AED. Continue CPR until awakening/emergency personnel arrive
- There are 7 AEDs located throughout the school for quick access in case of emergency. The AED locations are as follows:
  - ◆ North Campus has 3 AEDs: one located outside the swimming pool, one beside the 3rd floor basketball court, and one on the first floor of the dormitory building across from the front desk.
  - ◆ South Campus has 3 AEDs: one located across from the school infirmary, one beside the 5th floor basketball court, and one on the first floor of the dormitory building.
  - ◆ The kindergarten campus has one AED located below the stairs.

## VII. Heimlich Maneuver

- The Heimlich Maneuver is a technique used to dislodge an object from a person's airway when they are choking.
- The Heimlich Maneuver should only be performed on a person who is conscious and choking.
- To perform the Heimlich Maneuver, stand behind the person and wrap your arms around their waist. Make a fist with one hand and place it just above the person's navel.
- Grasp your fist with your other hand and press into the person's abdomen with a quick, upward thrust.
- Repeat until the object is dislodged or the person becomes unconscious.
- If the person becomes unconscious, call for emergency medical services (EMS) immediately and begin performing CPR.

## VIII. Allergies and Asthma - Watch Out for Choking Risks

- Students with allergies or asthma are more sensitive to airway obstruction, thus the risk of choking is higher.





- Mild to moderate allergy symptoms include runny nose, red/itchy eyes, itchy throat, coughing and wheezing, redness/rash, and swelling. Generally, simple topical or oral medications can be used to treat them and the student can go to the infirmary for treatment.
- Signs of an asthma attack include coughing, labored breathing leading to chest tightness, coughing and wheezing, shortness of breath, and mood changes. When an attack occurs, get the student to the infirmary to sit and rest, use the school's or the student's own medication, and pay close attention to any worsening symptoms.
- If there is an airway obstruction, symptoms may include dizziness, purple lips, difficulty breathing, nausea, vomiting, etc., action should be taken immediately. Call the school physician for on-site first aid and decide whether to send the student to the hospital.

#### **IX. Epilepsy and Related Symptoms**

- Epilepsy is a neurological disorder that causes varying degrees of convulsions, loss of consciousness and other symptoms that may occur suddenly while a student is in class or at school.
- If a student has a history of epilepsy, homeroom teachers and dormitory supervisors should communicate with parents to gather information and work with the school infirmary to develop an emergency response plan to sudden onset seizures.
- Symptoms associated with epilepsy can be either aphasic seizures or convulsive seizures. An aphasic seizure may be characterized by indifference, inability to speak or move, acting strangely, grinding the teeth, smacking the lips, etc. An aphasic episode may end on its own or may be followed by a convulsive episode. Convulsive seizures usually present as rigid and tense muscles or brief/continuous jerking, which may occur in the face, limbs or the whole body.
- The following emergency treatment should be given in the event of a seizure:
  - ♦ Protect the student's head with a hand, towel or other soft object to prevent him/her from hitting furniture, walls, etc.
  - ♦ Arrange for others present to call the school physician on duty.



- ◆ Move the student to a quiet place to lie on their side, undo any clothing that is too tight, keep their airway open, and move surrounding furniture and toys to give the seizing student a safe space.
- ◆ Remain calm, do not try to restrain or control the student, do not put anything in their mouth, and protect yourself from being hit or knocked over by the student's jerking limbs.
- ◆ Record the time, site, symptoms and duration of the seizure, preferably on video if possible. Keep information about the seizure for consultation.
- ◆ If the seizure lasts too long, emergency medical attention may be required, depending on the judgement of the school physician on site.

## X. Frequently Seen Injuries in Students

- Nosebleeds
  - ◆ Do not tilt or lower the head, look straight ahead, use a tissue to gently block the nostrils temporarily, do not forcefully insert it in.
  - ◆ Instruct the student to pinch the bridge of the nose and apply pressure to stop the bleeding, continue to apply pressure while the way to infirmary.
- Finger Caught in the Door
  - ◆ Move fingertip slightly and observe for swelling.
  - ◆ Protect the finger and come to the infirmary for further assessment and treatment.
- Knocked out tooth
  - ◆ Keep the lost tooth or broken tooth and observe for bleeding.
  - ◆ Get to medical attention promptly, in some cases direct repair is possible.
- Collision injuries to limbs
  - ◆ Touch the painful area gently and feel for any unusual protrusions;
  - ◆ Dislocation of the shoulder joint often as a forward protrusion with inability to lift the hand
  - ◆ Fractures may be deformed limbs and sharp edges may be palpable
  - ◆ If the student walks normally, come to the infirmary for further management



- ♦ If the student is unable to walk, or is concerned that the injury has worsened during walking, inform the school physician on duty to come to the site.
- Head injuries
  - ♦ Go to the infirmary first for initial assessment and treatment.
  - ♦ Be alert for cerebral hemorrhage: continue to observe for dizziness, nausea and urge to vomit within 48 hours of the head injury, a hospital visit is required to clarify the diagnosis if these signs occur.
  - ♦ Observe carefully the magnitude of the impact and if it is indeed large, advise parents to seek hospital consultation as a precaution.