

Seminar on Manual for School Health Professional

《學校醫護人員工作手冊》講解會

School Administrators 學校負責人員及行政人員 **28 Nov 2011**

Professor Albert Lee 李大拔教授 MB BS(Lond) MPH MD(CUHK) FFPH(UK) FRACGP(Aus) FRCP(Ireland)

**Professor (Clinical) and Director of Centre for Health Education and Health Promotion,
and Consultant in Family Medicine, The Chinese University of Hong Kong**

Honorary Professor , Faculty of Education, University of Hong Kong



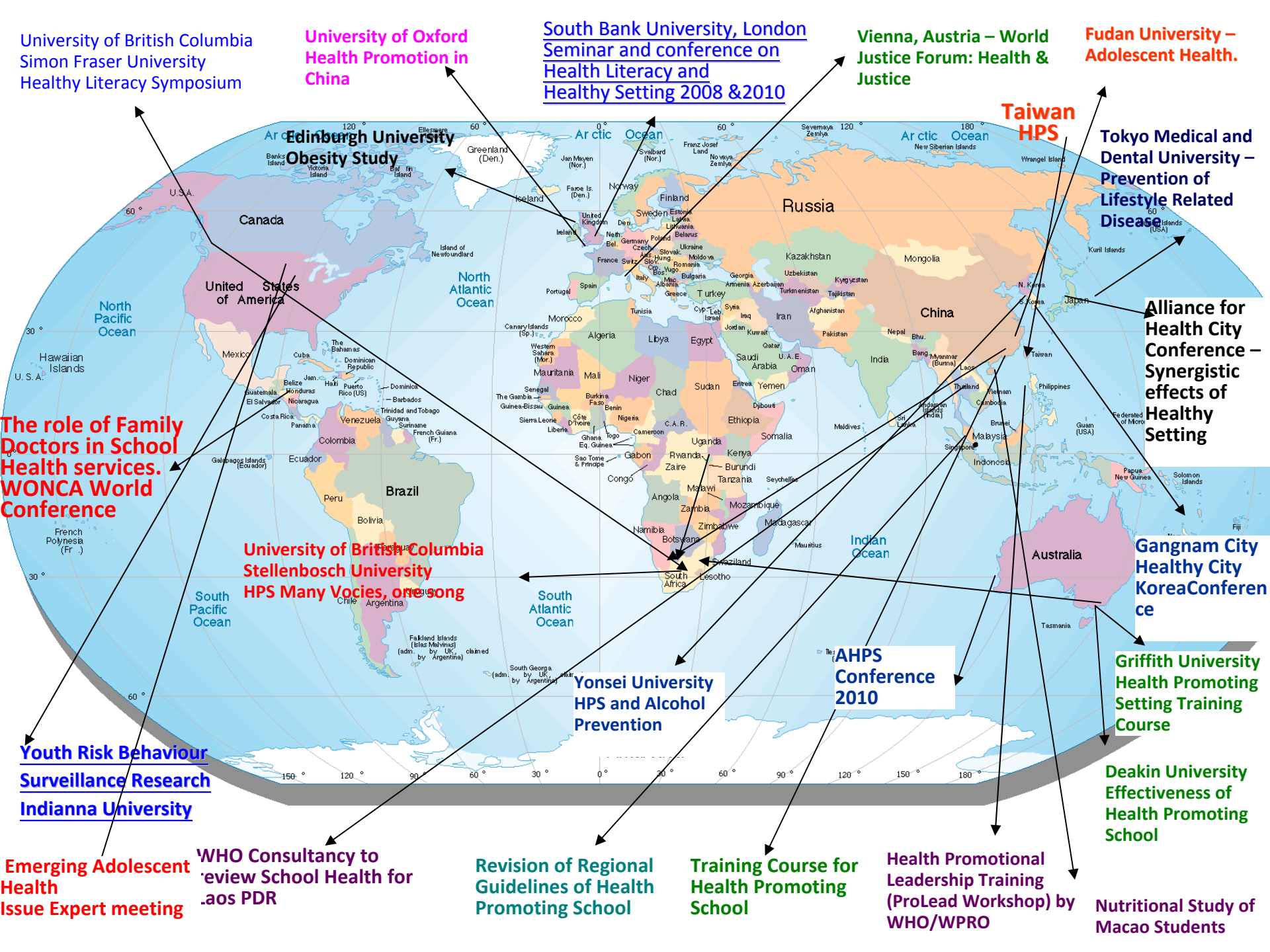
Why do we need to promote health in school setting?

在學校推展健康的原因

There is strong evidence that environment has strong impact on neuro-endocrine development and genetic expression for children and adolescent
足夠證據顯示環境充分影響兒童及青少年的神經內分泌發展與基因表現

School plays an important role to expose students to 'right type of environment' for healthy development

學校是讓學生接觸到適合健康發展的環境的重要媒介



University of British Columbia
Simon Fraser University
Healthy Literacy Symposium

University of Oxford
Health Promotion in
China

South Bank University, London
Seminar and conference on
Health Literacy and
Healthy Setting 2008 &2010

Vienna, Austria – World
Justice Forum: Health &
Justice

Fudan University –
Adolescent Health.

Edinburgh University
Obesity Study

Taiwan
HPS

Tokyo Medical and
Dental University –
Prevention of
Lifestyle Related
Disease

The role of Family
Doctors in School
Health services.
WONCA World
Conference

Alliance for
Health City
Conference –
Synergistic
effects of
Healthy
Setting

University of British Columbia
Stellenbosch University
HPS Many Voices, one song

Gangnam City
Healthy City
Korea Conferen
ce

Youth Risk Behaviour
Surveillance Research
Indiana University

Yonsei University
HPS and Alcohol
Prevention

AHPS
Conference
2010

Griffith University
Health Promoting
Setting Training
Course

Emerging Adolescent
Health
Issue Expert meeting

WHO Consultancy to
review School Health for
S.A.S PDR

Revision of Regional
Guidelines of Health
Promoting School

Training Course for
Health Promoting
School

Health Promotional
Leadership Training
(ProLead Workshop) by
WHO/WPRO

Deakin University
Effectiveness of
Health Promoting
School

Nutritional Study of
Macao Students

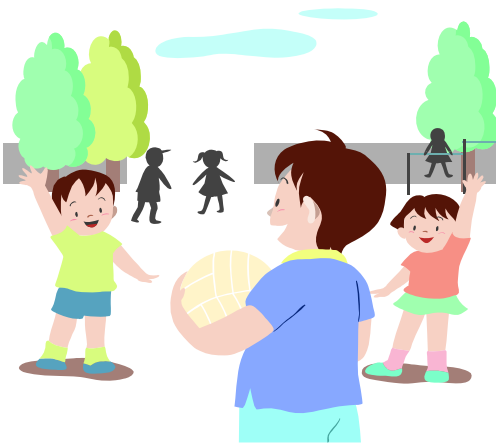
- *Children learn their patterns of behaviours either prosocial or antisocial from the norms and values held by the social environment which they are bonded. (Catalano et al, 2004).*

兒童受社會規範及價值觀影響，因而養成親社會或反社會的行為模式。

- *Durkin (1995) argues that at the age 11-12, children tend to conform to some kind of pro-social pressures from the peer group.*

11-12歲的兒童行為，大部份受著同儕的影響。

(Durkin, 1995)



- Gonadal hormones affect a wide range of neuronal processes including sensitivity of neurotransmitter receptors which would affect cognitive abilities, aggression, regulation of affect, learning and memory.

生殖荷爾蒙影響許多神經處理過程，包括神經傳導物質受器，可影響青少年的認知能力、侵略性行爲，還有對情感、學習和記憶的控制。

- Other physiological and psychological factors such as nutrition, genetics and sensory input would also affect development and the vulnerability to psychopathologies of different types
Cameron JL. *Annal NY Acad Sci* 2004; 1021:110-23.

其他生理和心理因素如營養、基因和感官接收等，均影響個人的發展，以及可能較易受各種心理病理問題的影響。

- There is also evidence of greater neural plasticity around puberty and persistent changes in neural function as result of external stimuli would have major implication on health promotion. (Stroud LR et al. *Biol Psychiatry* 2002; 52: 318-27.

證據顯示，在青春期間，神經可塑性是較高的。但神經功能因外界刺激而經常轉變，則可能對健康有重大的影響。

Evolution of school health services

學校健康服務的演進

- The American Academy of Paediatrician (AAP) outlined the goals of school health programme related directly to the health service component as followings (AAP, 1993):
 - ensure access to primary health care
 - provide a system for dealing with medical crisis situation
 - provision of mandatory screening and immunization monitoring
 - provision of a process for identification and resolution of students' health care needs that affect education achievement
- 美國兒科學會 (The American Academy of Paediatrician) 所指的學校健康計劃目的，直接與以下健康服務元素相關 (AAP, 1993) :
 - 確保能使用基層醫療服務
 - 建立制度，處理健康危機
 - 提供必需的檢查和免疫接種監察
 - 建立流程，尋找和針對一些影響學生表現的健康需要

- With increasing needs of other professional services for school such as counseling and social services, nutritional services, promotion of physical activities, safety, the role of school nurse/school health professionals expands to act as co-ordinator of appropriate services and health activities for the students, staff and school setting.
- Usually they work in partnership with either the primary care physicians or paediatricians working in community for medical inputs from doctors.
- A paradigm shift is needed for school health services to address the diverse and the complex health needs of adolescents, but in the increasingly pressurised world of education, this shift may not be possible and the responsibility of providing healthy lifestyle advice may rest firmly with the school health professionals preferably based in school setting.

- 隨著其他專業服務的需要增加，包括輔導、社會服務、營養服務、運動推廣、安全等，學校醫護人員應提升為統籌員的角色，負責統合學生、教師和學校的相關服務和健康活動。
- 學校醫護人員均與社區基層醫生或兒科醫生緊密合作，採納他們的專業醫療建議。學校健康服務應針對青少年的多種複雜健康需要的為主，但在這壓力沉重的教育界，似乎難以實踐。
- 而灌輸健康生活方式的責任，應由駐校醫護人員擔當較為合適和理想。

根據AAP 有關學校健康的文獻所指，學校應提供三種服務

- (1) health screenings, verification of immunization status, and infectious diseases reporting;
- (2) assessment of minor health complaints, medication administration, and care for students with special health care needs; and
- (3) capability to handle emergencies and other urgent health situations (AAP, 2004).
- More comprehensive services would include administration of immunizations, case management, wellness promotion, and patient education, as well as services for students with special needs such as physical therapy, rehabilitation.
- School health professionals should become the mainstay of school health services and has a central management role in implementation of various related school health services (Brener et al, 2007).
- (1) 健康檢查、免疫接種審查、傳染病通報；
- (2) 評估輕微的健康問題、藥物管理和照顧有特殊健康需要的學生
- (3) 處理緊急和危急情況 (AAP, 2004)。
- 其他全面的服務包括進行免疫接種、個案管理、全人健康推廣、家長教育，以及專為有特殊需要學生而設的服務，如物理治療、復康等。
- 學校醫護人員成爲健康服務的支柱，並擔當管理統籌的角色，推行各種相關的學校健康服務(Brener et al, 2007)

Influence of Affluence: Nutritional Health Status of children in Macao

富裕帶來的影響:澳門學童的營養健康狀態

Lee A., Ho M., Keung V. Global Epidemics of Childhood Obesity is hitting a quiet corner in Asia: Case study in Macao. *International Journal of Paediatric Obesity* 2011; 6 (2-2): e252-e256

17.2% of boys and 9.0% of girls were overweight, further 9.2% of boys and 4.9% of girls were obese. 15.6% of boy and 16.9% of girls were classified as having central obesity 男生：17.2%過重，9.2%肥胖 女生：9.0%過重，4.9%肥胖
15.6%男生及16.9%女生出現中央肥胖

For LDL, 18.1% of boys and 20.4% of girls were found to have a borderline LDL level; a further 9.3% of boys and 10.8% of girls were found to have a LDL level belonged to the high-risk category. 18.1%男生及20.4%女生總膽固醇屬「邊緣」；9.3%男生及10.4%女生總膽固醇屬「高危」

- For those students with overweight and obesity, significant higher proportion of them had cardio-metabolic risk factors.

過重或肥胖的學生，罹患心血管疾病風險比例較高



Case study:

The Government wants to reduce childhood obesity to below 5%. In what ways, the school health professionals would help?

政府需將學童肥胖降下致5%，學校
監醫護人員如何協作？

Mental Health 精神健康

Slide with kind permission from Professor Lawrence St Leger, Deakin University, Australia

Successful initiatives

成功的計劃在於.....

- are well designed and grounded in tested theory and practice;
以經實驗的理論和實踐為基礎, 計劃完善
- link the school, home and community;
與學校、家庭和社區相連
- address the school ecology and environment;
針對學校的環境和校風
- combine a consistency in behavioural change goals through connecting students, teachers, family and community;
學生、老師、家庭和社區互為聯繫, 達致行為改變目標上的一致性

Mental Health 精神健康

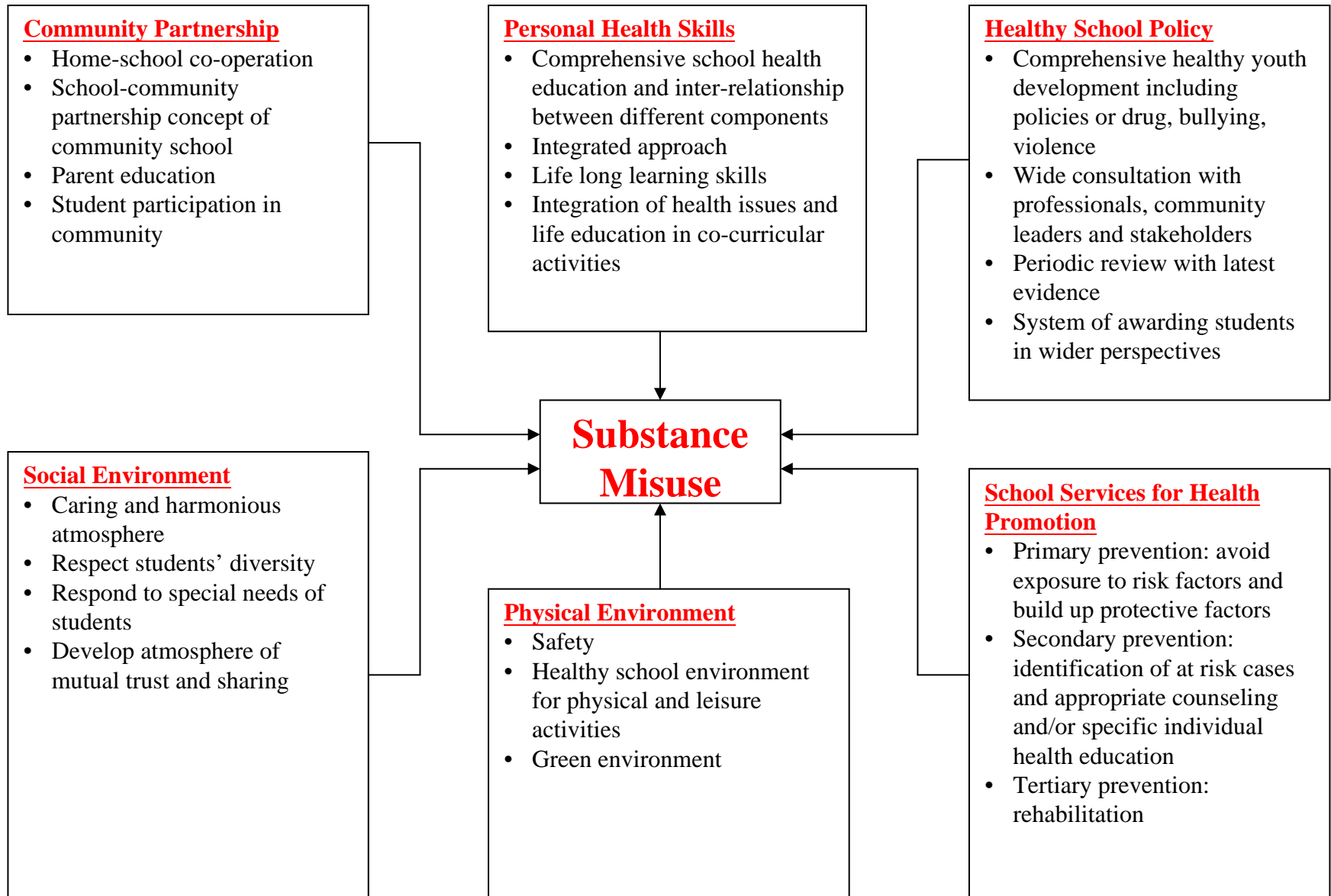
Slide with kind permission from Professor Lawrence St Leger, Deakin University, Australia

Successful initiatives

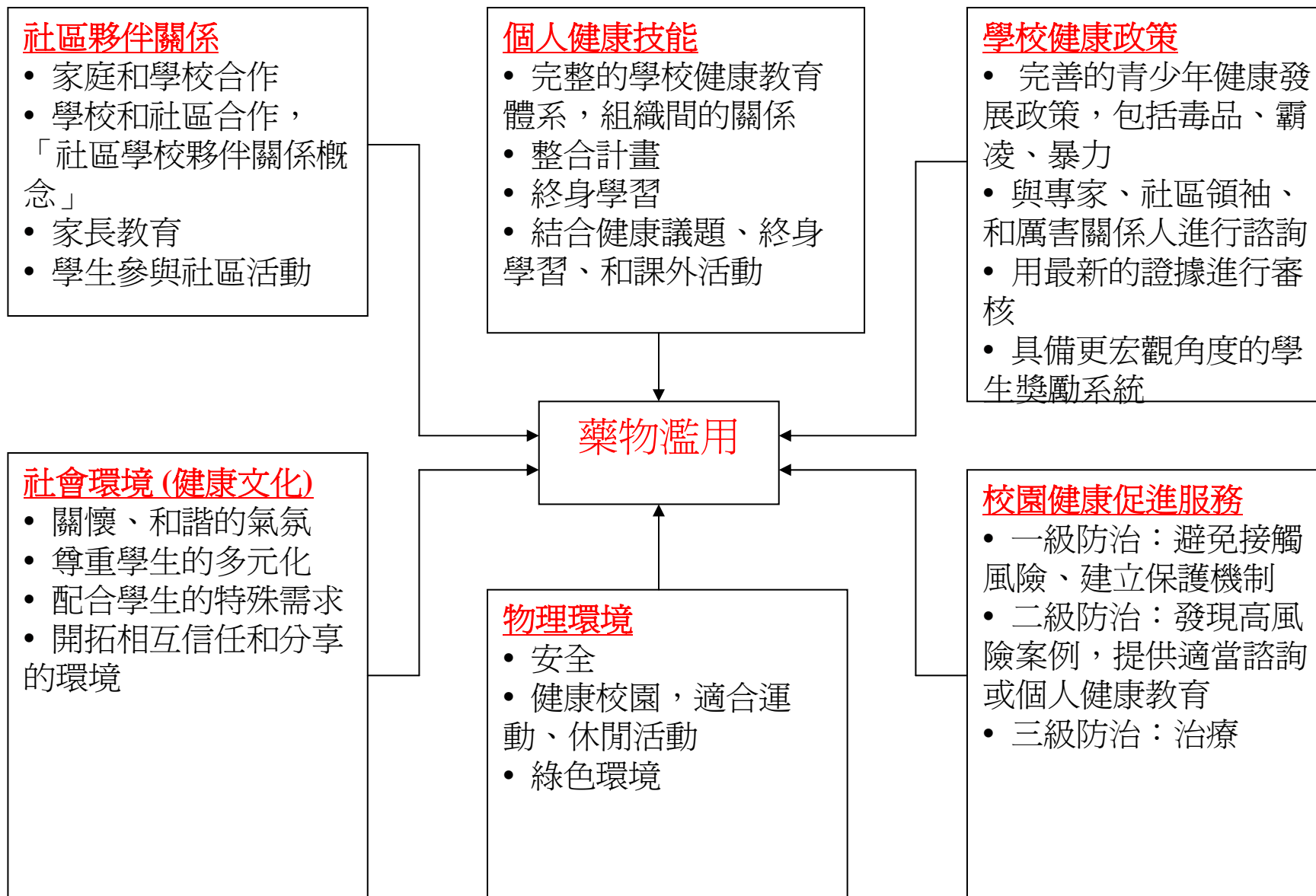
成功的計劃在於

- foster respectful and supportive relationships among students, teachers and parents;
加強學生、老師和家長彼此尊重和支持的關係
- use interactive learning and teaching approaches;
and
使用互動學習和教學的方式; 以及
- increase the connections for each student
增加每一名學生的聯繫

Prevention of Substance Abuse at School (Professor Albert LEE 李大拔教授 2009)



防治校園吸毒(Professor Albert LEE 李大拔教授 2009)



HPS supports schools in crisis management

健康促進學校支援學校處理危機

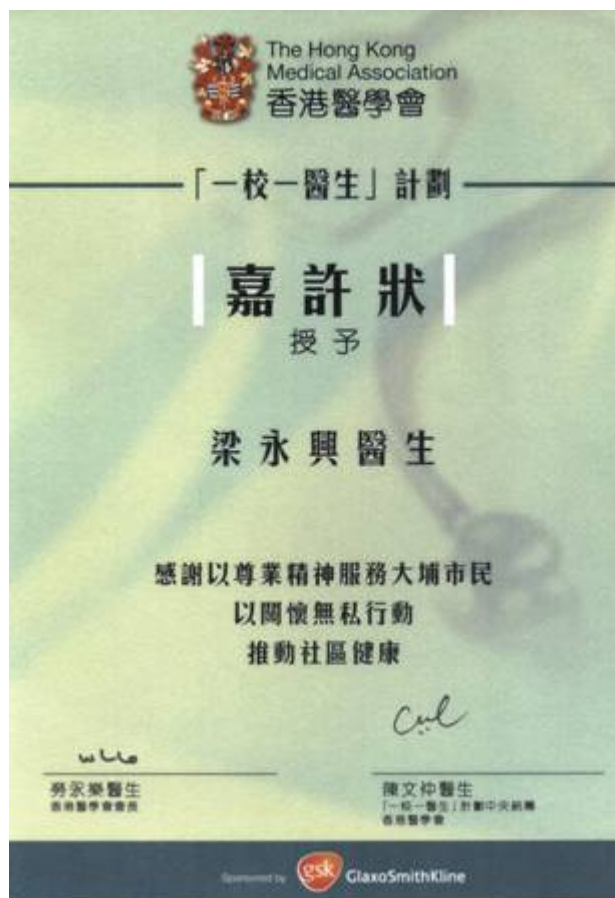
- The framework of the HKHSA prepared the schools with:
香港健康學校獎勵計劃之架構協助學校
 1. a structuralized crisis management system 建立完善的危機應變系統
 2. proper documentation and follow up on students' sick leave record
適當管理文件檔案及跟進學校因病請假之記錄
 3. policy on prevention of infectious disease 制定預防傳染病政策
 4. a supportive and harmonized school environment to encourage sharing and mutual support, etc. 建立和諧及互助的學校環境，鼓勵師生之間的交流及支援。
- The crisis became an opportunity for the whole community, including the schools to overcome what seemed then like an insurmountable challenge. 通過處理各種危機，強化整過社會以至學校面對挑戰及處理危機的能力。
- The different components of HPS can contribute to effective crisis management in school setting based on the details of guidelines of the HKHSA. 香港健康學校獎勵計劃之指引協助學校通過健康促進學校之各個範疇，建立具成效之校本危機管理系統。

Schools Against SARS Campaign 健康校園齊抗炎 (2003)



One School One Doctor Scheme

一校一醫生計劃



Emergency Preparedness for School to Manage Large Outbreak of Influenza

學校面對大型流感爆發的緊急應變措施

- A series of seminar on emergency preparedness to manage large outbreak of influenza for schools was organized in five districts from 2-12 December 2005 to prepare the participating kindergartens in fighting the outbreak of avian influenza and the prevention of influenza pandemic 為了進一步鞏固教師對禽流感的認知及加強學校預防禽流感及流感大流行的措施，中心於2005年12月2日至10日分區舉辦五場「學校同心 防備流感」講座暨學校分享會。



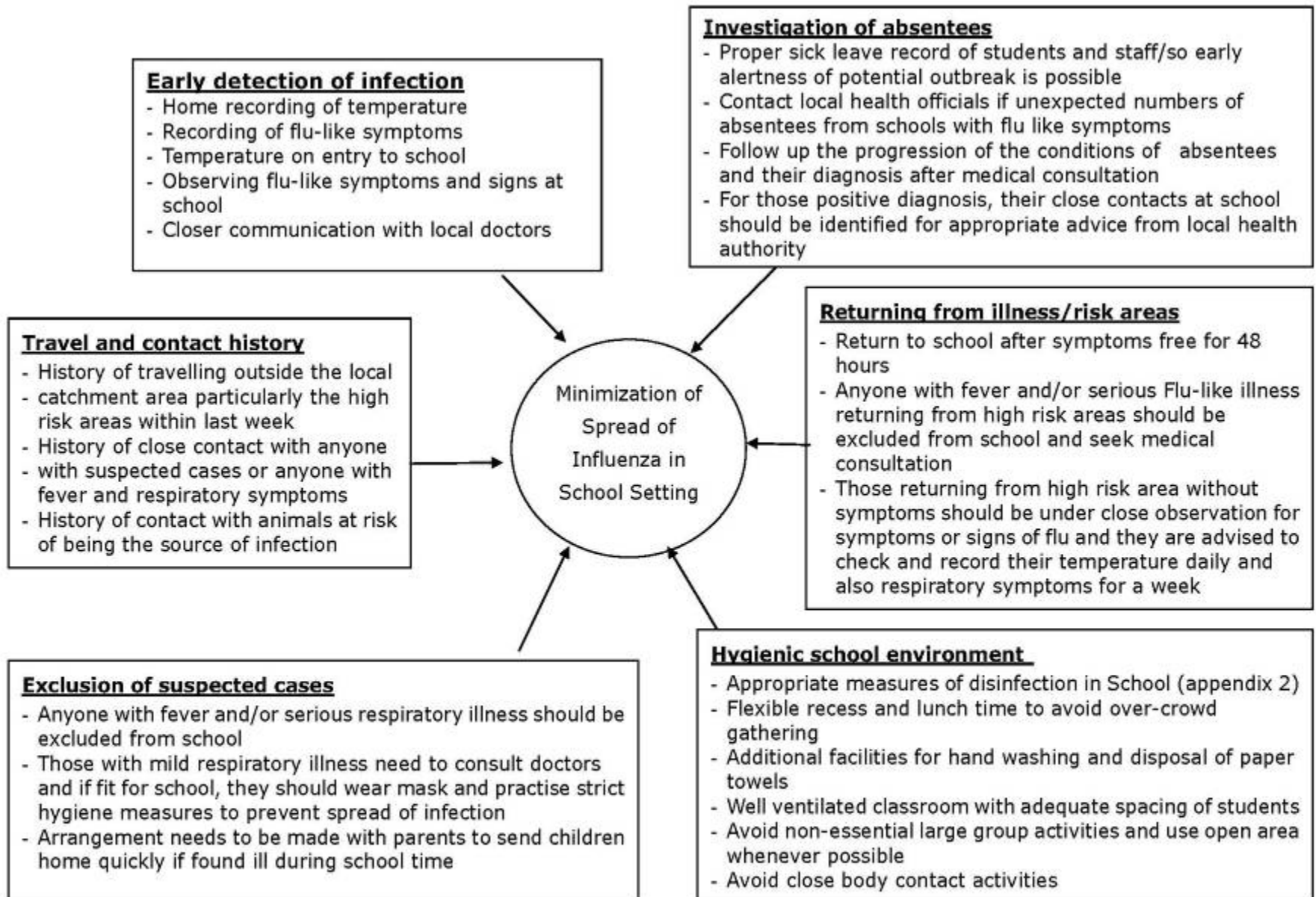


Figure 1. School Health framework to improve infection control for influenza (Professor Albert Lee 2009)

提早發現感染

- 家中測量體溫
- 紀錄疑似流感症狀
- 到學校馬上測量體溫
- 校園內注意一次流感症狀
- 與醫生密切聯繫

調查缺課學生

- 師生請病假應留下紀錄，以便注意疾病傳染
- 如果流感症狀的病假異常的多，應通知當地衛生保健單位
- 請病假的師生看完醫生後，應有後續追蹤
- 通知流感病患會在學校接觸到的人，由衛生保健單位提供適當資訊

旅遊和接觸歷史

- 過去一星期是否有到高風險地區
- 是否有接觸疑似病例，或接觸發燒、呼吸疾病的人
- 是否有接觸可能傳染疾病的動物

避免校園 流感傳染

痊癒或自高風險地區回來後

- 症狀消失後48小時可以回學校上課
- 自高風險地區回來後出現發燒或流感症狀應立即就醫、並避免上學
- 自高風險地區回來但無症狀者，應接受仔細觀察，每天測量和記錄體溫與呼吸，並維持一星期

隔離疑似病例

- 發燒或嚴重呼吸病患者不應去學校
- 輕微呼吸病患者應按照醫生指示，如果可以上學，應戴口罩並注意衛生，避免傳染
- 與家長事先安排好如果子女上課時生病，該如何盡快送回家

學校環境衛生

- 適當的校園消毒機制
- 下課和午餐時間保持彈性，避免過多人數聚集
- 增加洗手台、紙巾拋棄桶
- 教室通風、學生之間保持距離
- 避免非必要的大型聚會，盡量使用大型開放空間
- 避免近距離肢體接觸

表四：傳統健康教育模式和自我管理教育模式的比較

	傳統健康教育模式	自我管理教育模式
教授內容	疾病的資訊和相關技巧	針對流行病問題的應對技巧
如何闡述問題?	問題反映未能充份控制疾病。	經歷可能與特定疾病有關或無關。
教育與疾病的關係	教育以每一種疾病為主，教授該種疾病的資訊和相關技巧。	教育提供與健康問題相關的解難技巧。
教育背後的理論為何?	疾病的知識帶來行為的轉變。	個人具有較大信心保護自己，作出生命的改變(自我效能)，盡可能達致良好的健康成效，及維持正常的生活。
目的為何?	實行已教授的行為改變。	增強自我效能，加強應付技巧，改善健康。
誰是教育者?	醫護人員	醫護人員、朋輩領袖或群體組別中的個體。