

Seminar on Manual for School Health Professional

《學校醫護人員工作手冊》講解會

School Administrators 學校醫護人員 29 Nov 2011

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Roles and Responsibility of School Health Professionals

學校醫護人員的角色和責任

- Direct health care to students in school setting
駐校醫療服務 及疾病預防
- services for health promotion and disease prevention, 健康促進服務
- resource persons in health education, 健康教育的資源者,
- building a healthy school environment 建立健康環境
- and staff health promotion 員工的健康推廣

Direct health care to students in school
setting

駐校醫療服務 及疾病預防

The mental health problems would be categorized into different levels of risk based on level of distress (Lee, 2009) 精神健康問題風險水平、複雜程度的分類

- **Low risk-** tolerable level of distress 低風險 – 可容忍的困擾程度
- **Medium risk-** life functioning is significantly affected 中等風險 – 嚴重影響生活
- **High risk--** risk of significant harm to self and others, i.e., suicide or violence 高風險 – 可能對自己和他人造成嚴重的傷害，如自殺、暴力行為等

The mental health problem would also be categorized into different level of complexity with low level of complexity resulting from adjustment reaction to high level of complexity with co-morbidities and strong family history. 精神健康問題可分為不同的複雜程度，當中包括只是適應反應的低複雜性，及至具有並存疾病和家族病史的高複雜性。

The mental health problems would be categorized into different levels of risk based on level of distress (Lee, 2009) 精神健康問題風險水平、複雜程度的分類

Level of complexity複雜程度:

- **Low level of complexity:** adjustment reactions usually improved within weeks or months with support from family, family doctors and local community services and usually without formal treatment. 低複雜性：如屬適應問題，通常在家人、家庭醫生和社區的支援下，可在數星期或數月內痊癒，而毋須任何正規治療。
- **Medium level of complexity:** mental health problems such as depression, phobia, problems usually only improve very slowly if at all, without treatment. Usually requires psycho-social and pharmacotherapy treatments of demonstrated effectiveness. 中等複雜性：精神健康問題如抑鬱症、恐懼症等，沒有治療的情況下，痊癒一般十分緩慢。一般需要心理和藥物治療，成效顯著
- **High level of complexity:** long-standing depression, dysthymia, comorbidities, more than one family member with mental problems, domestic violence, repetitive self harm behaviours. 高複雜性：長時間抑鬱、心情惡劣、並存疾病、多於一位家族成員出現精神問題、家庭暴力、重覆性自我傷害等行爲。

How would school health professionals facilitate management based on risk and complexity

學校醫護人員根據風險水平及複雜程度建議學生、家長如何尋找協助

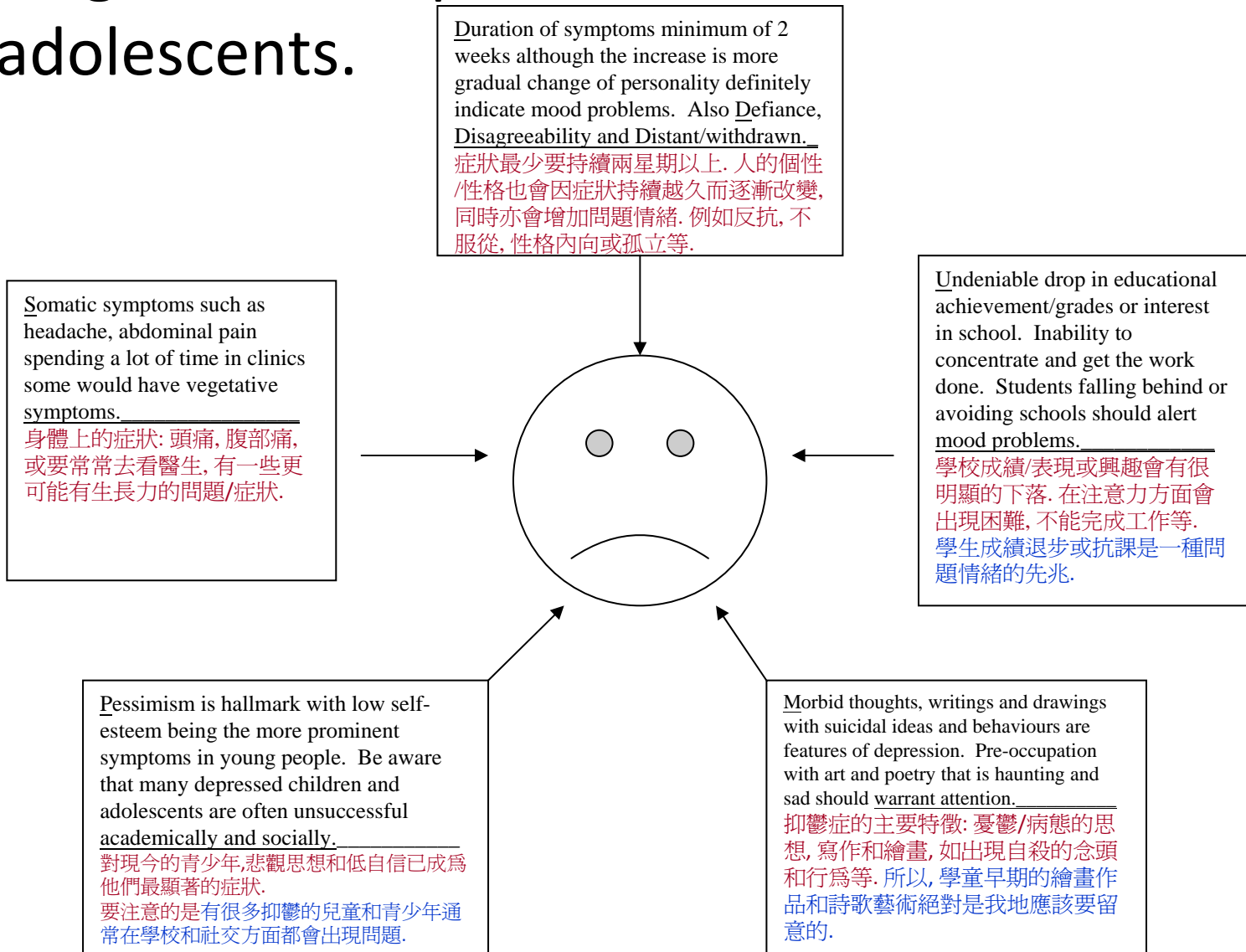
- classified as high risk or high complexity, referral to specialists is needed and shared care with family physicians with structured training in counselling and management of mental health problems 凡屬高風險或高複雜性者，就須轉介至精神科專家，並須與已接受輔導訓練和精神問題處理訓練的家庭醫生共同配合和照顧。
- classified as low risk and low complexity, family physicians with basic training in counselling and supported by counsellor OR family physicians with structured training in counselling and management of mental health problems would manage mental health problems in community 至於屬低風險和低複雜性者，由已接受輔導訓練和精神問題基本處理訓練的家庭醫生負責，再由輔導員作支援；或由這些已接受全面訓練的家庭醫生在社區裡處理精神問題的個案。

How would school health professionals facilitate management based on risk and complexity

學校醫護人員根據風險水平及複雜程度建議學生、家長如何尋找協助

- classified as low risk and medium complexity, or low complexity and medium risk, family physicians with structured training in counselling and management of mental health problems supported by specialist counsellor OR family physicians with basic training in counselling and management of mental health problems working together with specialist counsellor is needed 至於低風險和中等複雜性者，或低複雜性及中等風險者，可由已接受輔導訓練和精神問題處理訓練的家庭醫生負責，再由專職輔導員作支援；又或由這些已受全面訓練的家庭醫生，與專職輔導員一起治理。
- classified as medium complexity and medium risk, one needs to have family physicians with structured training in counselling and management of mental health problems working together with specialist counsellor.
- 至於中等風險和複雜性者，就需要已受上述訓練的家庭醫生及專職輔導員共同合作

DUMPS (Carlson, 2000) represents five of criteria for diagnosis of depression in children and adolescents.



PLOTS and SPACE to screen for child mental health problems

PLOTS 和 SPACE 評估兒童精神健康問題

訂立了一套簡單的家長會談模式，讓學校醫護人員可按PLOTS 和SPACE 兩種方法，向家長了解兒童的精神健康問題，以便及早診治、讓家長參與，並提供初部的治理框架(Luk et al. 1999)。學校醫護人員也可使用PLOTS 和SPACE 在校評估兒童是否出現精神健康問題，然後作進一步的跟進。

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- **P** – usual **PATTERN** of the problem (is this the usual pattern?)
- **L** – the **LENGTH** of the problem
- **O** – any **OTHER** problems
- **T** – any previous **TRAUMATIC** experiences
- **S** – any recent **STRESSES/changes**
-
- **P** – 問題的一般模式 (**PATTERN**) (這屬於一般模式嗎?)
- **L** – 問題的持續性 (**LENGTH**)
- **O** – 有否其他 (**OTHER**) 問題
- **T** – 過往有否傷痛 (**TRAUMATIC**) 的經歷
- **S** – 最近有沒有壓力 (**STRESSES**) / 改變

Psychological treatment 心理治療

- **Education approach**
- Psycho-education is educating the patients proper interpretation of their problems with explanation of problems
- Motivational interviewing aims to identify pathways to cope with the problems practical tips are provided under section 9 **“Health Counselling”**)

教育策略

- 心理教育 (Psycho-education) 是指教育病人以恰當方式了解自己的問題，並向其解釋問題
- 動機式會談 (Motivational Interviewing) 旨在找出應付問題的方法，第九部份的「健康輔導」將列出相關貼士。

- **Interpersonal relationship**
- Family therapy looks at the family dynamics to resolve the stressors and strengthen the skills in building relationship
- Interpersonal therapy resolve stressors with significant others in person's life
- Narrative therapy reviews the evolution of current problems and the contributors to current problem, and reviewing possible opportunities and threats to resolve the issues.

人際關係

- 家庭治療主要關注家庭中的厲害關係，從而解決引致張力的元素，加強建立和諧關係的技巧。
- 人際關係治療主要關注患者與生命中重要人物所產生的張力。
- 敘事治療回顧 (Narrative therapy) 現有問題的演進和成因，找出解決問題的機遇和威脅。

認知行為治療 (Cognitive-behavioural therapy)

- Cognitive part is challenging the negative thinking of patient and helps the patient to identify the thoughts causing depressed moods. It is restructuring of patient's attitudes towards life challenges
- Behavioural part is based on learning theory to modify behaviour with active scheduling.
- Structured problem solving is helping patients to develop solutions to their problems. It is not providing the solutions but assist the patient in recognizing the relationship between problems in life and symptoms, and support to identify the potential solution and implementation.
- 認知的部份主要針對患者的負面思想，協助其找出引致抑鬱的思想。這可重整患者面對生命挑戰的態度。
- 行為部份建基於學習理論，以時間改變患者的行為。
- 結構式解難方法 (Structured problem solving) 有助病人找出問題的解決方法，治療者不會提供答案，只會協助病人找出其所面對的困難和症狀之間的關係，並協助其找出解決方法，付諸實行。

Medication 藥物治療

- It is best to try psychological treatment first and if not improved within 4-6 weeks then medication is considered (NICE, 2005). Anti-depressant can be offered in conjunction with psychological treatment and should not be initiated for those adolescents with mild depression (NICE, 2005). Fluoxetine is the usual drug of choice for adolescents (Rowe, 2004). Guidelines in United Kingdom recommend citalopram or sertraline as second line. The starting dose should be low and increased gradually until therapeutic level is achieved.
- 最理想的方法為先嘗試心理治療，如在四至六星期內情況未有改善，才考慮藥物治療(NICE, 2005)。除了處方抑鬱藥外，還可配合心理治療，而患有輕微抑鬱症的青少年則毋須使用此方法(NICE, 2005)。氟西汀(Fluoxetine)是經常處方予青少年的其中一種藥物 (Rowe, 2004)；根據英國的指引，西酞普蘭(citalopram)和舍曲林 (sertraline) 為二線藥物。起始的劑量應較低，然後逐漸增加份量，直至達致理想的治療水平。

Asthma

- 除了傳統的臨床指標外，臨床成效包括：
- Patients and family members acquire knowledge of the disease
- Patients and family members have adopted a positive attitude towards the disease management
- Compliance to medical advice not just drug compliance
- Adopting healthy behaviour to prevent further deterioration of the illness
- 病人和家人均了解疾病
- 病人和家人對疾病的治理抱正面的態度
- 不單只是按指示服藥，還遵照醫生的其他指示
- 奉行健康的生活模式，避免病情惡化

School health professionals should assess outcomes including:
學校醫護人員處理哮喘病症時，衡量成效的指標應包括

- Participation in usual daily exercise appropriate for his age and sex.
- Difficulties in compliance to prescribed medication
- Attitude towards use of inhalers by patient and family members.
- Action by patient and family members minimizing exposure to potential allergens
- 日常運動量與患者之年齡及性別相乎
- 遵守規定服藥量的難處
- 病人及其家人對使用吸入器的態度
- 病人及其家人為避免接觸過敏原所採取的行動
- 除了關注學生的病情外，也須關注家長的憂慮(Lai et al, 2005)，才可讓學生有效控制病情。此外，慢性疾病的成效評估，如哮喘，還應包括病人的生活質素(Lee 2006)。
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School health professionals assess the impact of the illness on parents

學校醫護人員可用以下問題了解疾病對家人的影響：

- During the past week, how often did you feel helpless or frightened when your child experienced cough, wheeze, or breathlessness?
- During the past week, how often did your family need to change plans because of your child's asthma?
- During the past week, how often did you feel frustrated or impatient because your child was irritable due to asthma?
- During the past week, how often did your child's asthma interfere with your job or work around the house?
- During the past week, how often did you feel upset because of your child's cough, wheeze, or breathlessness?
- During the past week, how often did you have sleepless nights because of your child's asthma?
- 過去一星期，你是否經常因為孩子咳嗽、發出氣喘聲或難以呼吸而感到無助或害怕？
- 過去一星期，你的家庭是否經常因孩子的哮喘病而需要改變原定計劃？
- 過去一星期，你是否經常為了孩子因哮喘病而煩躁，感到灰心或失去耐性？
- 過去一星期，你孩子的哮喘病是否經常影響到你的工作或家務？
- 過去一星期，你是否經常因為孩子咳嗽、發出氣喘聲或表現得難以呼吸而感到低落？
- 過去一星期，你是否經常因為孩子的哮喘病而失眠？

- During the past week, how often were you bothered because your child's asthma interfered with family relationships?
- During the past week, how often were you awakened during the night because of your child's asthma?
- During the past week, how often did you feel angry that your child has asthma
- During the past week, how worried or concerned were you about your child's performance of normal daily activities?
- 過去一星期，你是否經常因為孩子的哮喘病影響到家庭關係而感到煩擾？
- 過去一星期，你是否經常因為孩子的哮喘病而在夜半驚醒？
- 過去一星期，你是否經常因為孩子患有哮喘病而感到憤怒？

- During the past week, how worried or concerned were you about your child's asthma medications and side effects
- During the past week, how worried or concerned were you about being overprotective of your child
- During the past week, how worried or concerned were you about your child being able to lead a normal life?
- 過去一星期，你有多緊張或關心孩子進食的藥量及藥物的副作用？
- 過去一星期，你有多緊張或擔心你會過度保護你的孩子？
- 過去一星期，你有多緊張或擔心你的孩子能否過正常的生活？

Practical tips to improve adherence to health advice and treatment in adolescents:

協助學生依照醫生建議處理慢性病是學校醫護人員的重要角色，令青少年遵醫囑是極高難度。

- See them alone and be non-judgmental with open ended questions
- Not to make them feel non-adherence is a 'sin'
- Explore their understanding of their illness, also their attitudes, their expectation of treatment
- Discuss any potential barriers and work out appropriate reminders
- Mobilize support of parents, trusted peers, significant adults, schools
-
- 改善青少年遵醫囑的實用貼士：
 - 單獨會面，不帶批判性，多使用開放式問題
 - 避免令其覺得沒有遵醫囑就是「犯錯」
 - 了解其對疾病的認識、態度和治療期望
 - 討論潛在的障礙，共同尋找合適的提醒方法
 - 推動家人、可信的朋輩、重要的成年人和學校支持

Services for health promotion
and disease prevention

健康促進服務

Assessment for students' readiness to participate in physical activities

評估學生參與運動的準備

ACTION by school health professionals

- The key issue for school health professionals is to what extent the students should be screened if they are involved in competitive sport activities especially for large scale competition such as international event. It is always safe for extensive investigation but it would hinder the process of participation in terms of time and resources. Therefore one needs to achieve a good balance.

Use of PAR-Q

- The Physical Activity Readiness Questionnaire (PAR-Q) by Canadian Society of Exercise Physiology would be good initial screening instrument. The forms can be downloaded from website (<http://www.csep.ca/English/view.asp?x=698>).

學校醫護人員的主要責任，就是學生參加劇烈運動前所應接受的檢查程度，尤其是大型運動比賽(如國際性比賽)。當然全面的檢查是理想的，但這可能費時失事，影響參與過程，因此要取得極佳的平衡。

- **PAR-Q作用**
- 加拿大運動生理學協會訂立的運動準備程度問卷 (Physical Activity Readiness Questionnaire) 將是理想的初部評估方式。此表格可於 <http://www.csep.ca/English/view.asp?x=698> 下載。此份問卷專為15至69歲的人士而設，而高年班學生可自行填寫表三，年幼學生可由家長填寫。這些問題已涵蓋Drezner and Khan (2008) 所提出的問題。

PAR-Q & You is a questionnaire for people Aged 15 to 69, students of higher form would fill in (Table 3). For younger students, parents would help to answer those questions. The questions have covered most of the issues raised by Drezner and Khan (2008).

此份問卷專為15至69歲的人士而設，而高年班學生可自行填寫表三，年幼學生可由家長填寫。

- The key role of school health professionals is to ensure that they clearly understand the questions.
- For students participating in competitive sport activities, if their answers (together with parents for younger children) are NO to all answers of PAR-Q and You plus the additional questions, they would sign and witnessed by school health professional.
- Students should have baseline assessment such as pulse (regularity), blood pressure, lung function (peakflow), auscultation of heart and chest*.
- For students participating in large scale competitive sport activities, one would consider ordering 12 lead normal resting ECG.
- 學校醫護人員的責任是確保他們清楚明白所有問題
- 如參與劇烈運動的學生在上述問題 (包括家長代子女回答的問題) 以及所有額外問題全為「否」，他們須在學校醫護人員的見證下簽署
- 學生應接受基本的評估，包括脈搏 (規律)、血壓、肺功能 (呼氣流速)、心臟和胸腔聽診*
- 至於參與大型劇烈運動的學生，則應考慮進行12導程靜態心電圖

- If it is also reported normal together with normal findings on assessment, students would participate in vigorous sport activities and follow the general guidelines form PAR-Q & You.
- One would consider exercise ECG for those students with NO answers to all questions EXCEPT family history and negative findings on resting ECG and clinical assessment.
- If students answer YES to any of the questions or with positive findings from clinical assessment or resting ECG, they should be asked to consult doctors.
- 如結果正常以及其他評估均屬正常，學生就可參加運動，並遵從此問卷的一般指引 (表三)
- 如學生所有問題答案是否但有家族成員在50歲前不明確離世，靜態心電圖正常可考慮進行運動心電圖測試
- 如學生在上述任何問題回答「是」，或任何臨床評估或靜態心電圖呈陽性結果，就應向醫生求診
-

PRA – Q (Physical Activity Readiness Questionnaire)

Canadian Society for Exercise Physiology Inc. 2002

- *Has your doctor ever said that you have a heart condition AND you should only do physical activity recommended by a doctor?*
- *Do you feel pain in your chest when you do physical activity?*
- *In the past month, have you had chest pain when you were not during physical activity?*
- *Do you lose your balance because of dizziness or do you ever lose consciousness?*
- *Do you have a bone or joint problem (e.g., back, knee or hip) that could be made worse by a change of your physical activity?*
- *Is your doctor currently prescribing drugs for your blood pressure or heart condition?*
- *Do you know of any other reason why you should not do physical activity?*
- *你的醫生曾否指出，你的心臟出現問題並只可以進行一些醫生建議的運動?*
- *你做運動時胸口感疼痛嗎?*
- *在過去一個月，沒有運動的時候有否感到胸口疼痛?*
- *曾否因為眩暈或失去知覺而失去平衡?*
- *你有沒有任何骨骼或關節的問題(如背部、膝蓋或髖部)，以致轉換運動模式後會令情況變壞?*
- *醫生是否正處方藥物治療你的血壓或心臟問題?*
- *你知否任何不能參與運動的其他原因?*

PRA – Q (Physical Activity Readiness Questionnaire) Canadian Society for Exercise Physiology Inc. 2002

- **Additional recommended question NOT part of PAR-Q :**
- - Family history of unexplained death or sudden death before age of 50

If honest answers NO to all questions,

- Can start much more physical activity – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in fitness appraisal
- If feeling unwell because of temporary illness, advise client to wait until feeling better.
- If pregnant, consult doctor before start.

問卷以外的額外問題：

家族成員在50歲前死亡，原因不明；或突然死亡。

- 如你誠實回答後，發覺所有答案均為「否」：
- 可開始進行多項運動 – 循序漸進是最安全和最容易的方法。
- 參加體格評估。
- 如感不適，待康復後才運動。
- 如懷孕，請先會見醫生才開始運動。

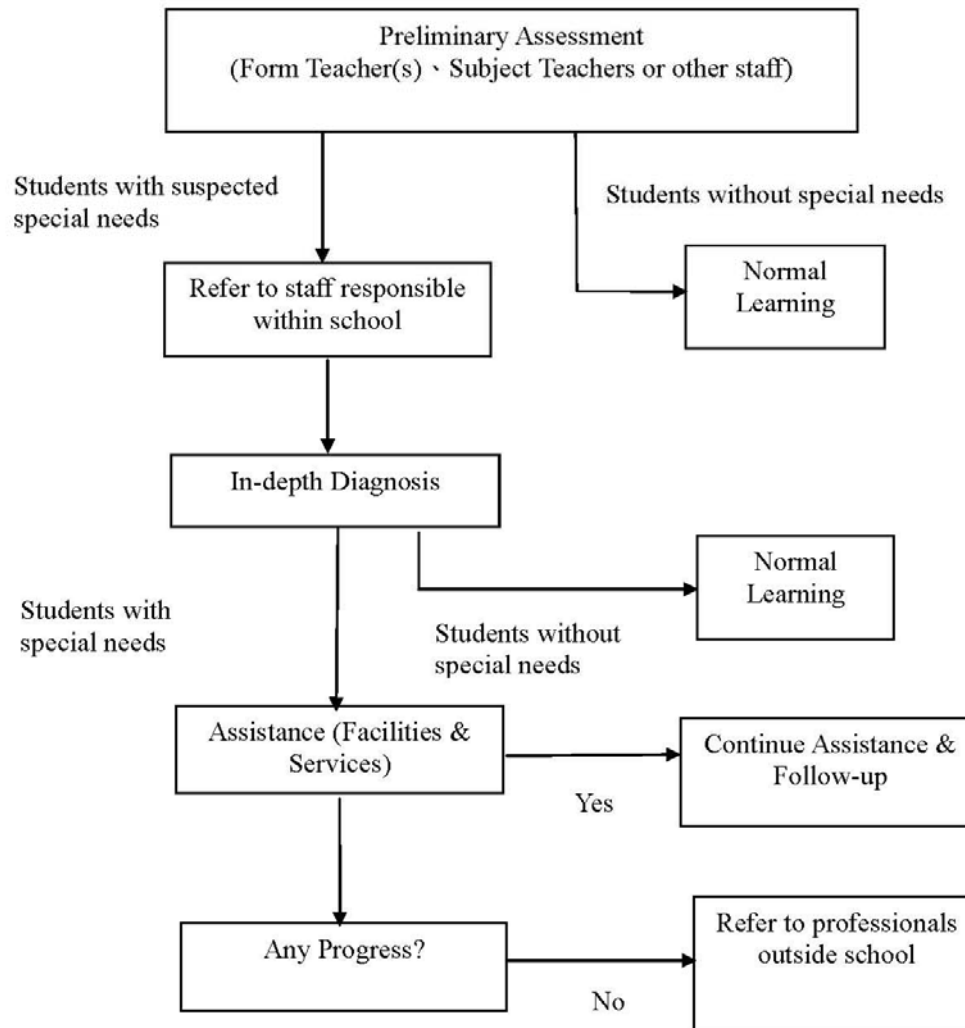
PRA – Q (Physical Activity Readiness Questionnaire) Canadian Society for Exercise Physiology Inc. 2002

- ***If the answer is YES to any question(s), advise your client to tell his/her doctor about PAR-Q questions with yes answer(s).***
- *Tell the doctor about the kinds of activities wishing to participate and follow advice.*
- *Start slowly and build up gradually.*
- *Restrict activities that are safe.*
- *Find out which programmes are safe.*
- *你的醫生曾否指出，你的心臟出現問題並只可以進行一些醫生建議的運動?*
- *你做運動時胸口感疼痛嗎?*
- *在過去一個月，沒有運動的時候有否感到胸口疼痛?*
- *曾否因為眩暈或失去知覺而失去平衡?*
- *你有沒有任何骨骼或關節的問題(如背部、膝蓋或髖部)，以致轉換運動模式後會令情況變壞?*
- *醫生是否正處方藥物治療你的血壓或心臟問題?*
- *你知否任何不能參與運動的其他原因?*
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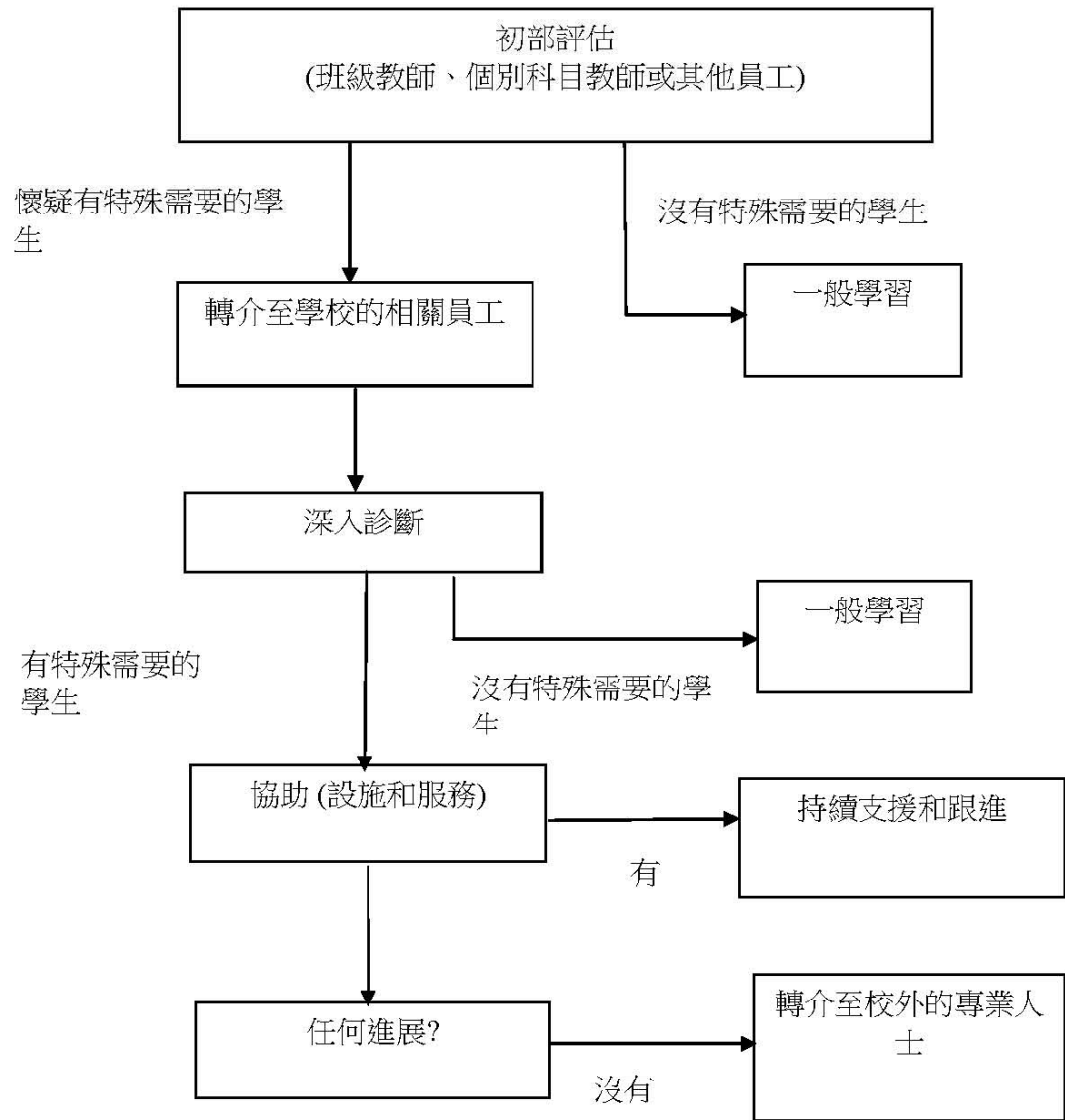
Resource person in Health Education

健康教育資源者

Figure 4. Flow Chart for Assisting Students with Special Needs



圖四：協助有特殊需要學生的流程圖



Building Healthy and Safe School Environment

建立健康和安全的學校環境

Capacity building for effective management of infectious disease needs the correct education approach for health. The school health professionals need to help school in building capacity in the following areas:

- Educate about prevention and control of old and new infectious diseases
- Help school students and employees to develop correct behaviours to assure health and prevent infectious disease. Examples include washing hands before meals and after going to the toilets, or when are dirtied by respiratory secretions; not sharing towels, disposable towels and tissues; covering nose and mouth when sneezing or coughing, and managing respiratory secretions with proper attention and techniques to avoid spreading infectious agents.
- Train students and school personnel to maintain good environmental hygiene at school such as not littering, which may help to decrease the spread of disease
- Strengthen body immunity through balanced diet and adequate fluid intake, regular exercise and adequate sleep, reducing stress and avoid smoking, alcohol, and other drugs
 - 教育有關現存和新式傳染病的預防和控制方法。
 - 協助學生和學校員工建立正確的行爲，保持健康，預防傳染病。例如在用餐和如廁後必需洗手，或被呼吸道分泌物沾污雙手後要洗手；不共用毛巾、用即棄紙巾、打噴嚏和咳嗽時要掩蓋口和鼻、小心處理呼吸道分泌物，避免傳播細菌。
 - 訓練學生和學校人員在校保持良好的衛生環境，如不隨地拋垃圾，這可減低疾病的傳播。
 - 奉行均衡飲食、多攝取水份、多做運動、充足睡眠、舒緩壓力、戒煙、不喝酒和濫藥等，有助增強人體免疫力。

Capacity building for effective management of infectious disease needs the correct education approach for health. The school health professionals need to help school in building capacity in the following areas:

- When students, teachers or staffs are suspected to suffer from respiratory tract infections or other illnesses of infectious in nature, they should be advised to seek early medical treatment and rest at home whenever necessary
- Increase the availability and transparency of all facilities for preventing and controlling infectious diseases at school to enable students to obtain a thorough understanding and encouragement to use such facilities
- Promote education of parents so they can support building a healthy and hygienic school environment
 - 如懷疑學生、教師或員工感染呼吸道疾病或其他傳染性疾病，就應建議他們及早求診，並在家休息。
 - 在校增加不同設施的適用度和透明度，鼓勵學生透徹了解和使用，有助預防和控制傳染病。
 - 推行家長教育，以助建立健康衛生的學校環境。

- School health professionals would facilitate the development of school social environment conducive to health. The key components of school social environment based on Health Promoting School framework are (Lee, 2002):
- Addressing the needs of students and staff
- An environment of friendliness, care and trust in school
- Assistance for students with special needs
- An environment of value and mutual respect
- 然而學校醫護人員卻應強化良好校風，促進健康。《健康推廣學校》(Lee, 2002)有關校風主要元素如下：
- 針對學生和員工的需要
- 友好、關愛和互信的氣氛
- 協助有特殊需要的學生
- 有價值和互相尊重的環境

Staff Health Promotion

員工的健康推廣

Personalized health promotion activities

The following areas should be organised the staff health promotion activities:

- Weight management
- Diet and nutritional advice
- Stress management
- Physical activity and fitness

個人化的健康推廣活動:

應推廣以下的員工健康活動：

- 體重管理
- 飲食和營養建議
- 壓力管理
- 運動和體能

Personalized health promotion activities:

- Occupational health and safety
- Crisis management for personal problems
- Conflict resolution
- First aid and basic life support training
- Development of health lifestyles
- Pre and post natal education
- Preparedness for retirement
- 職業健康和安全
- 個人問題的危機處理
- 緩解衝突
- 基本急救訓練
- 建立健康的生活模式
- 產前和產後教育
- 準備退休

Staff development programmes

員工發展計劃

- Emergency preparedness
- Understanding of common chronic conditions affecting students
- Helping students to modify risk behaviours
- Education on looking after students with special needs
- 為危急事件作準備
- 影響學生的常見慢性疾病
- 協助學生調整風險行爲
- 照顧有特殊需要的學生

- The school should actively promote occupational health and an occupational health policy must be in place.
- The school should look after the health of its staff through active encouragement of regular health screening and up to date immunisation, and any other health related activities as laid down by the Labour Department.
- The school should have a system of looking after all the staff's emotional needs.
- The school should cater for staff's social needs.
- The school should provide a safe and hazardous free environment for staff to work.
- 學校應主動推廣職業健康的訊息，並應訂立職業健康政策。
- 學校應透過不同渠道照顧員工的健康，包括定期健康檢查、及時免疫接種以及其他由勞工署建議的健康活動。
- 學校應設立機制，關顧員工在情感上的需要。
- 學校應配合員工在社交上的需要。
- 學校應建立一個安全的工作環境。