



Bal Bharati PUBLIC SCHOOL

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TACKLING COMMON MEDICAL EMERGENCIES IN SCHOOLS

-Emerging Paradigm of School Safety

PRINCIPAL

(ASHA PRABHAKAR)



“Educating children at school on health should be given the highest priority, not for their health per se, but also from the perspective of education, since if they are to learn they need to be in good health.”

- World Health Organization

Children are highly vulnerable to injuries/accidents. Usually we find minor grazes and bruises, but times children may face severe accidents resulting in fracture, bleeding, suffocation, fainting, acid burns or drowning and electric shock etc. Even staff members may suffer a cardio respiratory, cerebral or any other disorder which may lead to a medical emergency. As part of the Comprehensive School Health Policy and program, schools can enhance the preparedness to deal with emergencies.

A health emergency may occur in any school at any time; children can become seriously ill or injured in a number of settings, including the playground, laboratory etc. They are at risk for aggression and violence related injuries too. Needless to say, children with special needs or special health care needs may require extra attention from emergency health care provisions.



What are different kinds of Emergencies?

1. Life threatening or potentially disabling. These types of emergencies can cause death or disability within minutes and therefore require immediate intervention, medical care and usually hospitalization
2. Serious, or potentially life threatening or disabling. Because these may soon result in a life threatening situation or may produce permanent damage, they must be tackled as soon as possible.
3. Non life threatening. These are identified as any injury or illness that may affect the general health of a person, for example: fever, stomachache, headache, seizures, broken bones, cuts etc. The individual should be evaluated as soon as possible and evacuation for further help duly organized.

➤ General Health Care Emergencies in School

- Profusely Bleeding Nose
- Fainting / Seizure episode
- An Injury in the Eye
- Severe Stomachache
- Ear / Eye / Dental Complaints of a Child



- In Case of a Head Trauma
- In Case of Burn Injuries in Labs
- In Case of High Fever
- An insect / snake / dog bite
- Case of accidental oral poisoning
- Other wounds, injuries & bleedings.

➤ **High Risk Children for Medical Emergencies**

- A Child with Asthma
- A Juvenile Diabetic Child
- A Child with a history of Epilepsy
- An unknown allergic reaction
- A Thalasemic Child
- A Child with hole in the Heart.
- A Rheumatic Child
- Basic evaluation of a seriously ill child.



FIRST-AID KIT

A first-aid kit contains emergency supplies and medication for unexpected minor illnesses or accidents. Every office, factory, home, school or car should have an accessible 'First-aid box'.

A FIRST-AID KIT SHOULD INCLUDE

- sterile adhesive bandages in assorted sizes
- sterile gauze pads of different sizes
- adhesive tape & band-aid
- cotton buds & cotton roll
- latex gloves
- thermometer
- scissor
- safety pins
- sterile saline / distilled water



BLACK EYE

A black eye is caused by bleeding beneath the skin around the eye. Extensively bruised eyes (raccoon eyes) are indicative of more extensive injury, even a skull fracture.

While many black eyes injuries aren't serious, there can be instances where there is bleeding inside the eye. Bleeding in front part of the eye, called a Hyphema, is serious and can reduce vision and damage the cornea – the clear, protective 'window' at the front of the eye. In some cases, abnormally high pressure inside the eyeball (glaucoma) can also result. For this reason, it is advisable to have an eye specialist examine your eye-ball if there has been enough of an injury to cause a black eye. Eye problems should never be ignored. Medical intervention can prevent blindness.

WHAT TO EXPECT

- Bluish discolouration and red eye
- Local temperature and swelling
- Inability to open eye





WHEN TO RUSH TO THE DOCTOR

- Change in vision
- Prolonged severe pain
- Signs of infection - warmth, redness, pus discharge
- Behavioural changes - forgetfulness, lethargy
- Nausea, vomiting, dizziness
- Swelling over the eyes
- Inability to move the blue eye
- Fluid leaking from the eye ball
- Signs of head injury
- Temporary loss of consciousness

HOME CARE

- Apply a cold pack or a cloth filled with ice as soon as possible after the injury to reduce swelling. Continue using ice or cold packs for 24 to 48 hours, only while awake.
- Be sure there's no blood within the black and white parts of the eye.
- Protect from further injury by avoiding athletic activities.
- Take care not to apply pressure on eye itself.
- Seek immediate medical care.





BLISTER

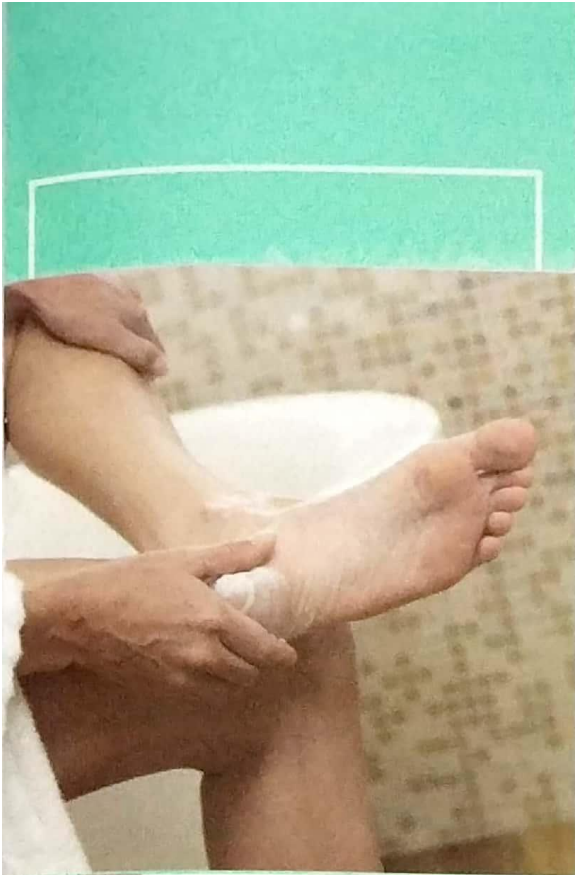
A blister is a bubble of skin filled with clear fluid ranging from pinpoint size to more than an inch in diameter. Common causes of blisters include friction and burns. Try to keep a blister intact, if it isn't too painful. Unbroken skin over a blister provides a natural barrier to bacteria and decreases the risk of infection.

WHAT TO EXPECT

- Fluid filled skin bubble
- Usually heals in two to three days

WHEN TO RUSH TO THE DOCTOR

- Swelling around a blister
- Redness
- Increasing pain or warm skin
- Pus / yellow discolouration
- Blood filled



HOW TO DRAIN A BLISTER

- Wash your hands and blister with warm water and soap.
- Swab the blister with iodine or rubbing alcohol.
- Sterilise a needle.
- Use the needle to puncture the blister.
- Apply antibiotic ointment and cover with bandage.
- Cut away all dead skin after several days.

HOME CARE

- Cover small blisters with an adhesive bandage and large ones with a porous, plastic-coated gauze pad.
- Don't puncture a blister unless it is painful or prevent you from walking or using your hands.
- To relieve blister-related pain, puncture the blister with a sterile needle. Ensure you clean the blister with iodine. Apply an antibiotic ointment to the blister and cover with a bandage.

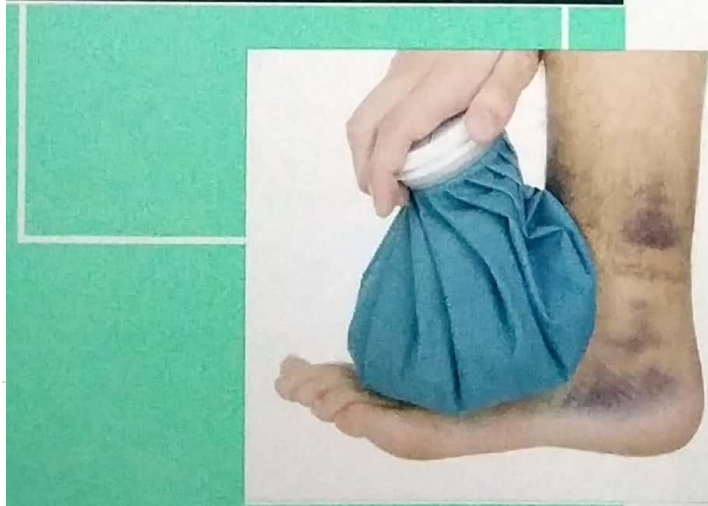


BRUISE

A bruise forms when a blow breaks blood vessels near your skin's surface, allowing a small amount of blood to leak into the tissue under your skin. The trapped blood appears as a black-and-blue mark.

WHAT TO EXPECT

- Initially a fresh bruise may be reddish then turns blue or dark purple within a few hours / days.
- If your skin isn't broken, you don't need a bandage.
- Painful initially which is relieved after sometime.
- Inflammation, itching, bluish / blackish discoloration around the site.





WHEN TO RUSH TO THE DOCTOR

- Unusually large or painful bruises.
- Bruising and abnormal bleeding from your nose or gums, blood in eyes, stool or urine.
- Sudden bruising with no history.
- Bruise fails to improve or clear even after three to four weeks.

These signs and symptoms may indicate a more serious problem like blood-clotting or a blood-related disease.

HOME CARE

- Apply ice or a cold pack several times a days for a day or two after the injury.
- Rest the bruised area, if possible.





BURNS

A burn is a type of injury to the flesh caused by heat, electricity, chemicals, light, radiation or friction. Most burns affect only the skin.



To distinguish a minor burn from a serious burn, the first step is to determine the extent of damage to body tissues. The three burn classifications to help you determine emergency care are:

FIRST-DEGREE BURN

The least serious burns are those in which only the outer layer of skin is burnt, but not all the way through. The skin is usually red, swollen and painful. Treat a first-degree burn as a minor burn unless it involves substantial portions of the hands, feet, face, groin or buttocks or a major joint, which requires emergency medical attention.



SECOND-DEGREE BURN

When the second layer of skin (dermis) is also burnt, the injury is called a second-degree burn. Blisters develop and the skin takes on an intensely reddened, splotchy appearance. Second-degree burns produce severe pain and swelling. If the second-degree burn is no larger than 3 inches (7.6 centimeters) in diameter, treat it as a minor burn.

If the burned area is larger or if the burn is on the hands, feet, face, groin or buttocks, or over a major joint, treat it as major burn and get medical help immediately.



For minor burns, including first-degree burns and second-degree burns limited to an area no larger than 3 inches (7.6 centimeters) in diameter, take the following action:

- Watch for signs of infection, such as increased pain, redness, fever, swelling or oozing. If infection develops, seek medical help.
- Avoid re-injuring or tanning. If the burns are less than a year old—doing so may cause more extensive pigmentation changes. Use sunscreen on the area for at least a year.

Minor burns usually heal without further treatment. They may heal with pigment changes, meaning the healed area may be a different colour from the surrounding skin.

CAUTION

- In case of large burns, don't use ice. Putting ice directly on a burn can cause a burn victim's body to become too cold and result in further damage to the wound.
- Don't apply butter or ointments to the burn. This can cause infection.
- Don't break blisters. Broken blisters are more vulnerable to infection.





THIRD-DEGREE BURN

The most serious burns involve all layers of the skin and cause permanent tissue damage. Fat, muscle and even bone may be affected. Areas may be charred black or appear dry and white. Difficulty may occur if smoke inhalation accompanies the burn.

For major burns, call for emergency medical help. Until an emergency unit arrives, follow these steps:

- Don't pull off burnt clothing. However, do make sure the victim is no longer in contact with smoldering materials or exposed to smoke or heat.
- Don't immerse large severe burns in cold water. Doing so could cause a drop in body temperature (hypothermia) and deterioration of blood pressure and circulation (shock).
- Check for signs of circulation (breathing, coughing or movement). If there is no breathing or other sign of circulation, begin resuscitation by basic life support.
- Elevate the burnt body part or parts. Raise above heart level, if possible.
- Cover the area of the burn. Use a cool, moist, sterile bandage; clean, moist cloth; or moist towels.

Get an anti-tetanus shot. Burns are susceptible to tetanus. If your last shot was more than five years ago, your doctor may recommend a tetanus shot booster.



HOME CARE

- Cool the burn. Hold the burnt area under cool (not cold) running water for 10 or 15 minutes or until the pain subsides or else immerse the burn in cool water or cool it with cold compresses.
- Cooling the burn reduces swelling by conducting heat away from the skin.
- Cover the burn with a sterile gauze bandage. Don't use fluffy cotton or other material that may get lint in the wound. Avoid putting pressure on burnt skin. Bandaging keeps air off the burn, reduces pain and protects blistered skin.



CHOKING

Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. In adults, a piece of food is often the culprit. Young children often swallow small objects. Because choking cuts off oxygen to the brain, administer first-aid as quickly as possible.

WHAT TO EXPECT

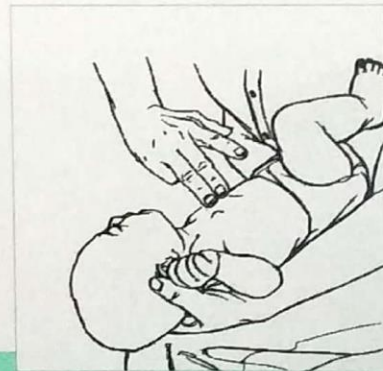
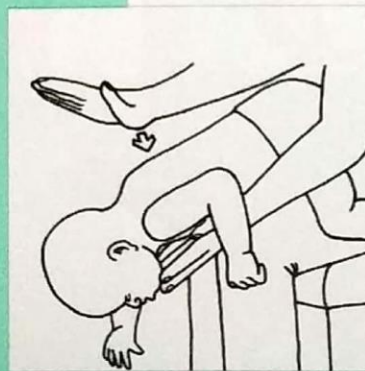
The universal sign for choking is hands clutched to the throat. If the person doesn't give the signal, look for these indications:

- Coughing / gagging
- Inability to talk
- Difficulty in breathing
- Inability to cough forcefully
- Skin, lips and nails turning blue or dusky (Cyanosis)
- Loss of consciousness
- Noisy respiration

WHEN TO RUSH TO THE DOCTOR

- Inability to restore normal breathing quickly
- Inability to remove the object from the windpipe
- Cyanosis continues





HOME CARE

If someone is choking, the Red Cross recommends a five and five' approach to delivering first aid:

- Five Back Blows: First, deliver five back blows between the person's shoulder blades with the heel of your hand.
- Five Abdominal Thrusts: Perform five abdominal thrusts (also known as the Heimlich Maneuver).
- Alternate between five blows and five thrusts until the blockage is dislodged.



CUTS & WOUNDS

A cut or laceration is a break or opening in the skin. The cut may be deep, smooth or jagged. It can be near the surface of the skin or may have affected deep tissues. Often, we sustain injuries, which result in mild to severe bleeding. Stopping the bleeding is extremely important to avoid severe consequences.





WHAT TO EXPECT

- Bleeding
- Pain
- Problems with function
- Painful below the wound site

WHEN TO RUSH TO THE DOCTOR

- Bleeding does not stop
- Pale skin
- Shortness of breath
- Rapid pulse
- Diminishing alertness
- The cut / wound is larger than 3 to 4 cm or it is deep
- Swelling around the wound
- Yellow discolouration / pus

HOME CARE

- Wash hands before giving first-aid.
- Apply direct pressure to stop external bleeding using a clean cloth.
- Wash the wound using lukewarm water and anti-septic soap in case of mild to moderate bleeding.
- Apply ice packs around the wound.
- Cover the wound with another clean piece of cotton cloth if the bleeding is too heavy.
- Seek medical care to prevent tetanus (in case injury is caused due to friction with some object or soil).



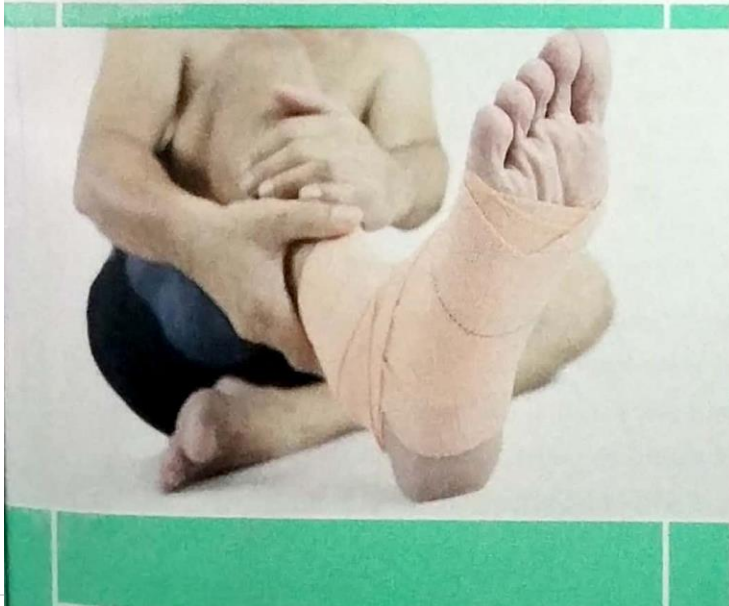
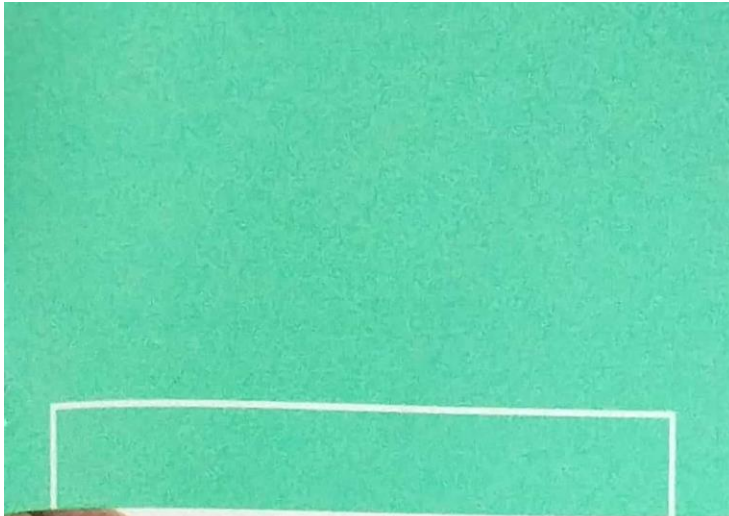


DISLOCATION

A dislocation is a separation of two bones from their normal location at a joint. The cause is usually trauma, such as a blow, fall or pull.

Dislocations are common injuries in contact sports, such as football and hockey and in sports that may involve falls, such as rock climbing and volleyball. Dislocation may occur in major joints, like your shoulder, hip, knee, elbow or ankle or in smaller joints, like your finger, thumb or toe.

The injury will temporarily deform and immobilise your joint. It may result in sudden and severe pain and swelling. A dislocation requires prompt medical attention to return your bones to their proper positions.



WHAT TO EXPECT

- Intense pain, especially when bearing weight on it
- Limited movement of the joint
- Swelling
- Discolouration

WHEN TO RUSH TO THE DOCTOR

- Suspicion of a fracture
- Dislocation of major joints require correction under anaesthesia.

HOME CARE

- Don't delay medical care.
- Don't move the joint. Until you receive help, splint the affected joint into its fixed position.
- Put ice on the injured joint. This can help reduce swelling by controlling internal bleeding and the buildup of fluids in and around the injured joint.
- Use a figure of eight bandage to stabilise the joint.
- Check for breathing.



FRACTURE

A fracture is a broken or cracked bone. It occurs when pressure is applied on the bone with or without displacement of bone fragments. A fracture can be simple, wherein the skin remains intact without any external bleeding - or compound - wherein there are open wound, which would be prone to infection. Seek medical attention in either case, if a fracture is expected.



WHAT TO EXPECT

- Severe pain
- Difficulty in movement
- Swelling / bruising / bleeding / redness / tenderness

HOME CARE

- Do not massage the affected area.
- Do not try to straighten the broken bone.
- In case of a compound fracture follow the first-aid as for 'cuts and wounds'. Arrest the bleeding in case of an open wound.
- Keep the injured body part elevated.
- Immobilise using a splint / sling.

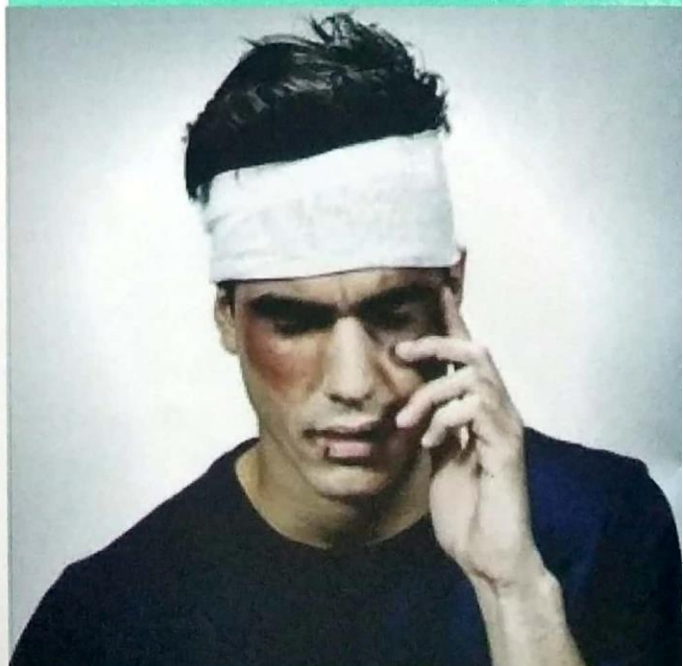




HEAD INJURY

A head injury refers to trauma of the head. This may or may not include injury to the brain. Since the brain is located in an enclosed cavity, any swelling results in high pressure on the brain, which leads to severe damage (secondary head injury).

The most common head injury is concussion. It may or may not result in loss of consciousness (blackout), which is normally followed by rapid and complete recovery. Always seek medical attention for a head injury.





WHAT TO EXPECT

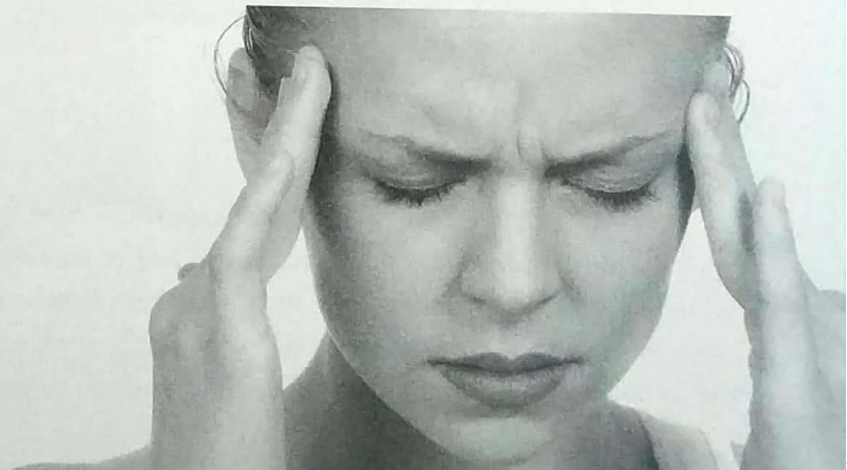
- Memory loss related to events surrounding the head injury.
- Fatigue
- Headaches, dizziness and mild cognitive (thought) problems, including mood changes, difficulties with concentration, remembering things and performing complex tasks

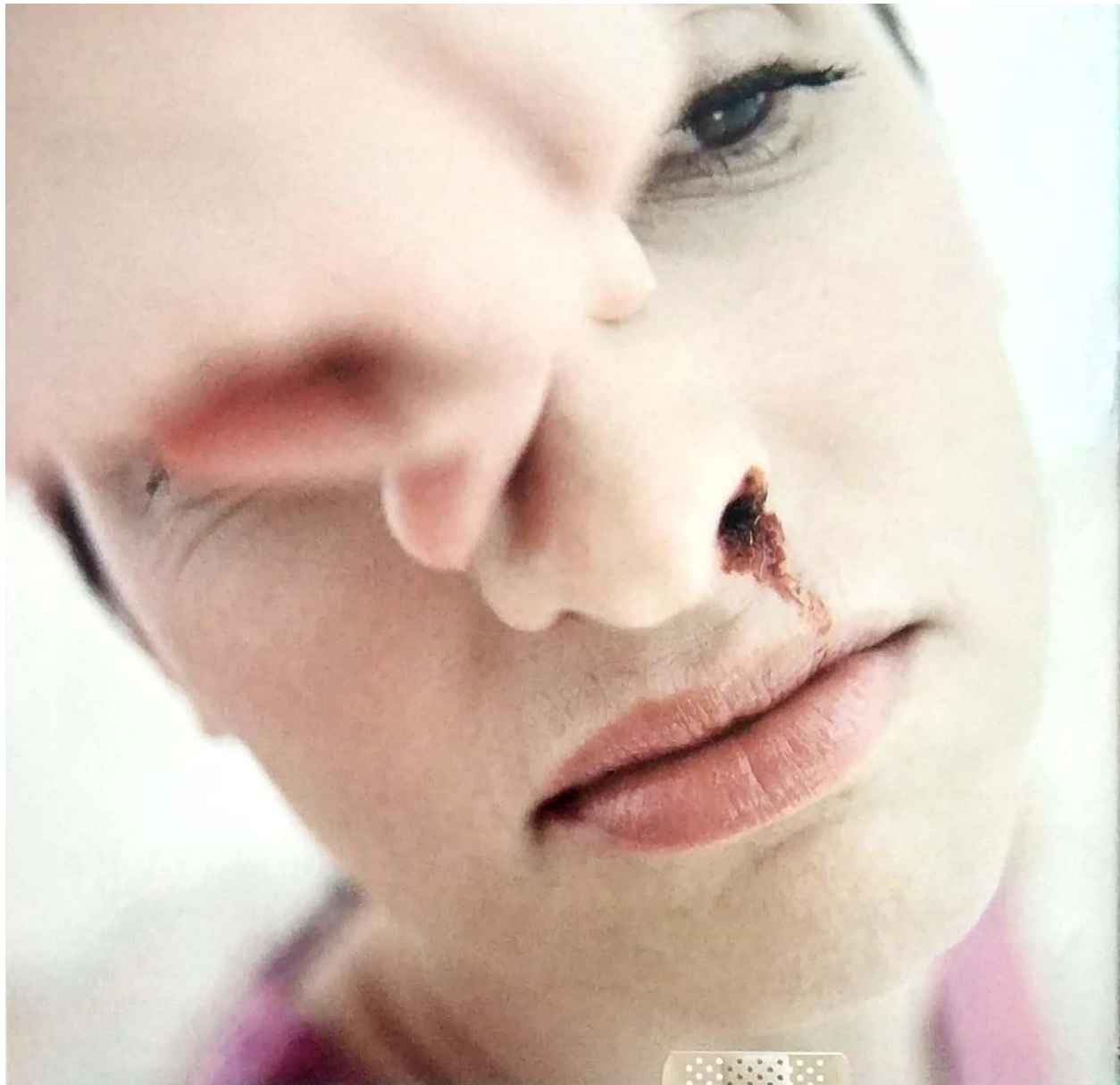
WHEN TO RUSH TO THE DOCTOR

- Severe headaches
- Vomiting
- Blackouts
- A seizure / fit, loss of consciousness or twitching of any body part
- Blood or clear fluid coming from the ears or nose
- Neck stiffness
- Numbness, tingling, pins and needles sensation or weakness in the arms or legs
- Confusion, slurred speech or unusual behaviour
- Blurred or double vision, dizziness

HOME CARE

- Don't drive. Ask someone to drive you or get a taxi.
- Use ice-packs over any swollen or painful area.
- Don't take sedatives or other drugs unless instructed by your doctor.
- Let children sleep, but wake them every four hours to gauge their reaction to familiar things.
- Don't go to work or school, or resume sporting activity until a full recovery.
- If there is a cut or wound, follow home care tips same as cuts and wounds.





NOSEBLEED

Nosebleed is common occurrence of the hemorrhage from the nose, when blood drains out from the nostrils. Among children and young adults, nosebleed usually originates from the septum. The septum separates your nasal chambers. Nosebleed begins spontaneously and is often difficult to stop. It requires a specialist's help. Blood can also drip into the back of the throat or down into the stomach causing a person to spit up or even vomit blood.



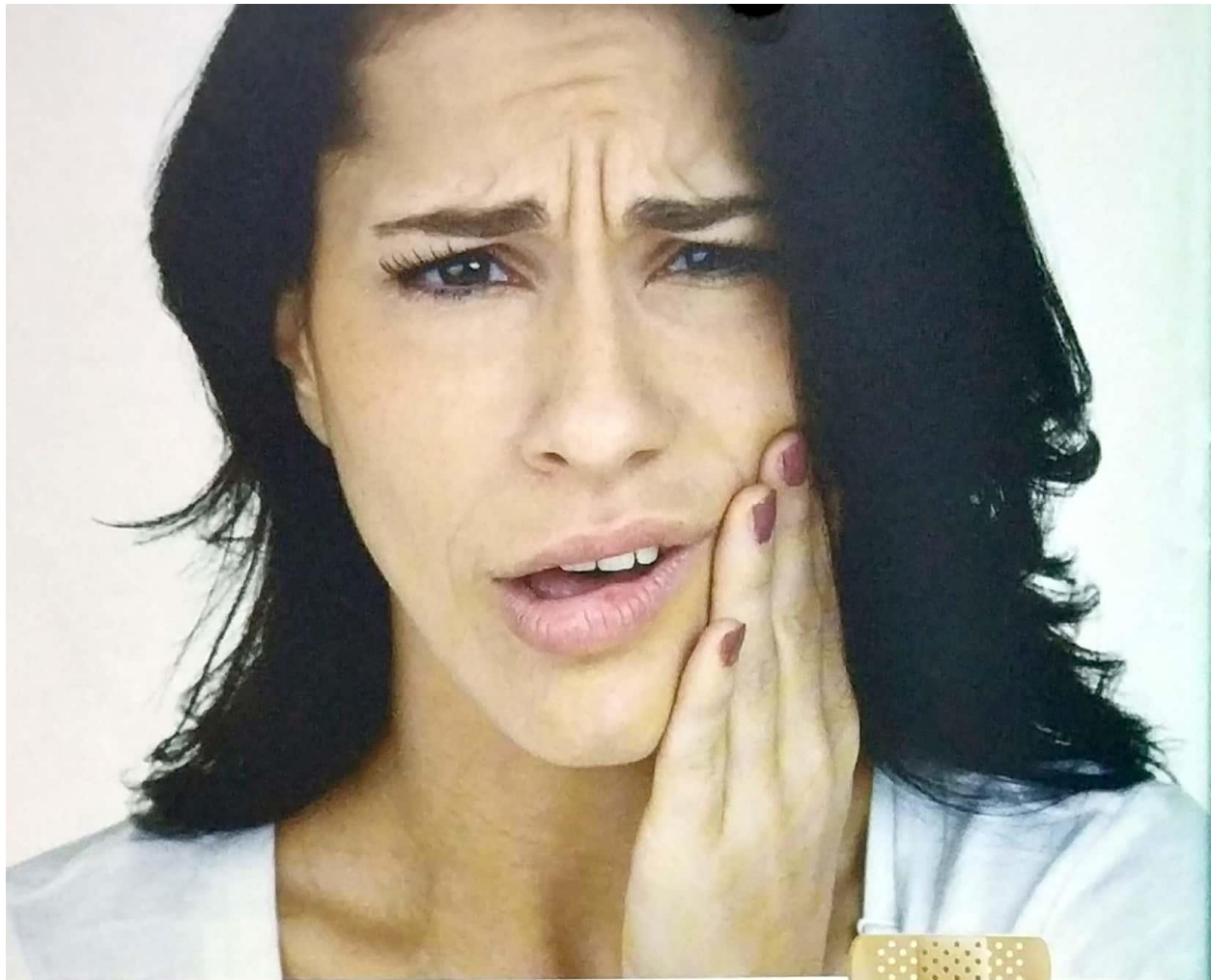
WHEN TO RUSH TO THE DOCTOR

- The bleeding lasts for more than 20 minutes.
- The nosebleed follows an accident, a fall or an injury to your head, including a punch in the face that may have broken your nose.
- Dizziness, weakness, confusion, fainting, irregular heart beat.
- Paleness, shortness of breath.

HOME CARE

- Sit upright, lean backward to discourage bleeding.
- Spit out any blood to avoid swallowing
- Apply pressure on the bridge of the nose.
- Breathe through your mouth. Continue for 5 to 10 minutes to stop bleeding.
- Avoid bending forward or blowing your nose to prevent re-bleeding.
- Apply ice as it constricts arteries to reduce bleeding.
- Seek medical help.





TOOTH INJURY

Tooth injury refers to chips, cracks or breaks in a tooth that can be caused due to biting down on something hard, being hit in the face/mouth, falling or having cavities.

WHAT TO EXPECT

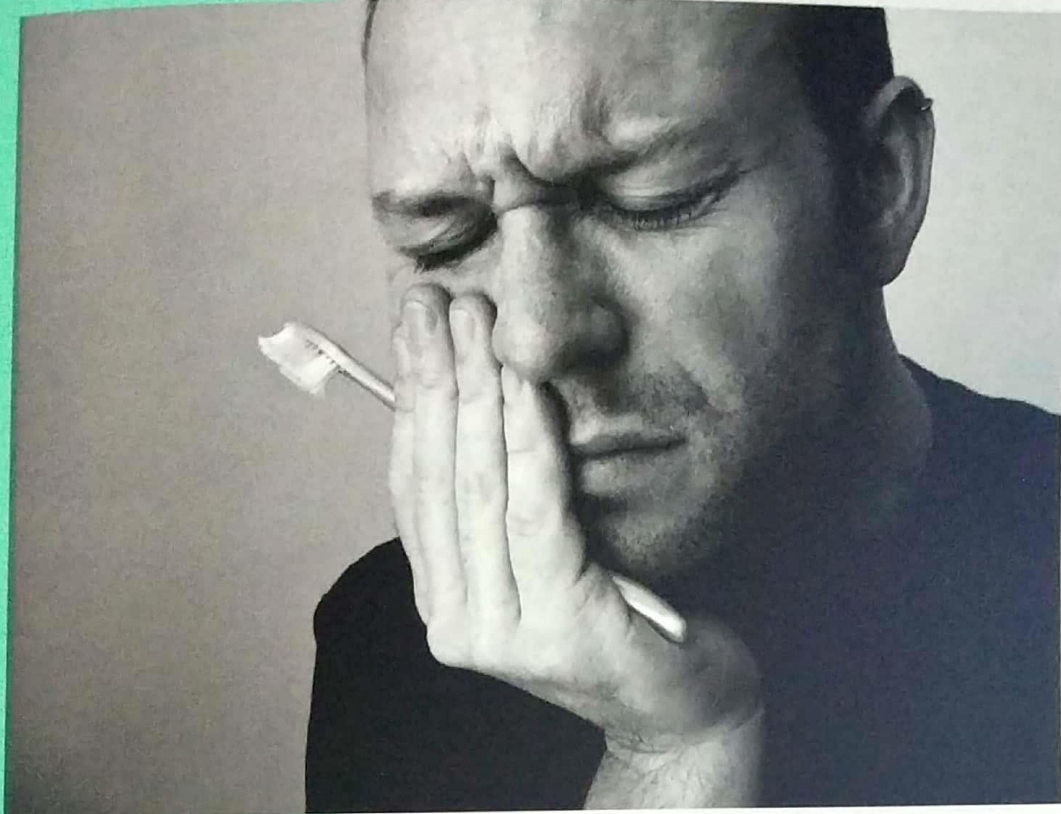
- Tooth looks fine but hurts only when you eat or drink something hot or cold.
- Tooth may hurt all the time, if blood vessels are damaged. If not, tooth removed from socket will cause pain, discolouration and swelling.
- Knocked tooth will cause pain, discolouration and swelling.





WHEN TO RUSH TO THE DOCTOR

- Tooth is knocked off
- Pain persists



HOME CARE

- Handle your tooth by the top or crown only.
- Don't rub it or scrape it to remove debris.
- Gently rinse your tooth in a bowl of tap water, not running water.
- Try to replace your tooth in the socket.
- If it doesn't go down all the way, bite down gently on gauze or a moistened tea bag to keep it in place until you see your dentist.
- If you can't replace your tooth in the socket, immediately place it in some milk, your own saliva or a warm, mild saltwater solution (1/4 teaspoon salt in 1 litre water).



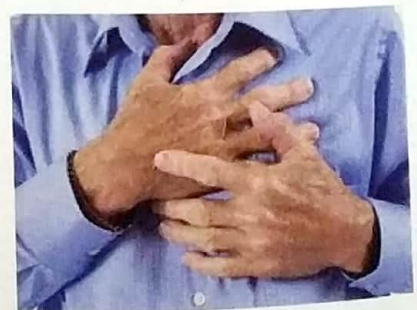
OTHER MEDICAL EMERGENCIES



HEART ATTACK

In case you or someone else complains of chest pain, nausea and sweating, it could be a heart attack. Immediately seek medical attention. Chew on a regular-strength aspirin. Begin CPR on the person having a heart attack, if directed. Always remember, chances of survival increase exponentially if the patient reaches a hospital within 1 hour of the onset of symptoms.

Call for an ambulance immediately.





FAINTING SPELLS

If you feel you are going to faint, lie down or sit down and call for help. Place your head between your knees if you sit down. If someone else faints, position the person on his or her back. Check the person's airway and make sure it's clear. Check for signs of circulation like breathing, coughing or movement. Immediately seek medical attention and call for an ambulance.



BRAIN STROKE

In case of a brain stroke, seek immediate medical assistance as Brain Stroke is a major emergency. The sooner treatment is started, the more likely it is that damage can be minimized. Keep the word F.A.S.T in mind to help remember the warning signs.

Face - Does the face droop on one side while trying to smile?

Arms - Is one arm lower when trying to raise both arms?

Speech - Can a simple sentence be repeated? Is speech slurred or strange?

Time - During a Brain Stroke every minute counts.

Call 011 4055 4055 immediately for an ambulance to reach you within 30 Minutes* Max.



SPINAL INJURY

In case someone has a spinal injury, keep the person still. Place heavy towels on both sides of the neck or hold the head and neck to prevent any movement. Provide as much first aid as possible without moving the person's head or neck. If the person is wearing a helmet, don't remove it. Call for an ambulance immediately.



SEVERE EXTERNAL BLEEDING

In case of severe external bleeding, apply pressure directly on the wound until the bleeding stops. Use a sterile bandage or clean cloth. Maintain continuous pressure for at least 20 minutes without looking to see if the bleeding has stopped. Keep the pressure by binding the wound tightly with a bandage, a clean cloth or even an adhesive tape. Use your hands if nothing else is available. Seek immediate medical attention.





The Emerging role of Schools in Emergency Preparedness?

The first step in being prepared involves the development of written protocols to guide school personnel for response to emergency preparedness. Written plans are an integral part of a comprehensive school health programmes. Then the goal of positioning School Emergency Response Protocols (SERP) is:

- ❖ Prevention
- ❖ Risk Reduction
- ❖ Management

Secondly, the school staff needs to be appraised and trained for efficacy to such a response. Globally, the school First Aid response in physical and psychological emergencies is highlighted as an integral need in Comprehensive School Health Promotion. Consensus building from educationists, policy makers and health care providers has been perceived as an important step in formulating effective school based initiatives in this regard across the world.

Thirdly, operationalizing health and wellness clubs for advocacy, research and training in important health care areas needs to be reinforced.



School administrators, in consultation with the school nurse and school physician may develop policies and guidelines for emergency situations occurring on the campus and at any school related events. In general, these policies should reflect three things:

- The school's role in preventing and reducing the risk of emergencies and injuries involving their students and staff;
- The school's preparedness in coping with an emergency, including staff training and instruction and the availability of emergency related equipments
- How the school will communicate the incident, both internally (i.e., record keeping) and externally (i.e., to parents and other healthcare personnel)

What role First Aid plays during emergency situations in schools?

First Aid as defined by St. John Ambulance Brigade, is the immediate treatment given to the victim of an accident or sudden illness, before medical help is obtained. The main areas of first aid are:

a) to preserve life

b) to promote recovery



c) to prevent the worsening of the condition

A complete emergency kit known as FIRST AID BOX should be kept in secure locations designated for medication in each school, and these kits should be readily available to educate staff volunteers and emergency care designees.

Basically, a First Aid Box should consist of band aid, sterile gauze in sizes, sterile eye pads, bandage in sizes, crepe bandage, triangular bandage, cotton, safety pins, tweezers, blunt scissors, small torch, tape and sterile gloves.

In terms of medication, first aid box should consist of: antiseptic solution (dettol /savlon / betadine), isopropyl alcohol, analgesic tablets / spray, anti – allergic tablets/syrup, antipyretic tablets/syrup, inflammatory tablets/syrup, inhaler, antacid tablets/syrup, ORS solutions and glucose powder. The list can be exhaustive. Therefore, consensus is being drawn from different stakeholders regarding the constitution of the First Aid room / equipment & medication.

It is recommended that every school system should appoint a “School Health Committee” to perform an annual review and risk assessment of overall Health Care needs and Emergencies.



Adequate and complete information from the family and parents regarding any underlying ailment in the child (chronic or sub acute) should be conveyed to the relevant staff in the school at any point of time in the Health Card or other records.

Keeping in view the needs of the schooling system, a series of sensitization / orientation programmes for teachers / parents / senior students and school health personnel will aid in talking common emergencies in school.

HEALTH PROMOTING SCHOOLS.....

- Setting Global Standards for Education & Wellbeing -

“We achieve our greatest happiness when we realize ourselves through others. Equally, we need to reaffirm our commitment of cultural and social-economic diversity from which children enter into the portals of the school.”

-Rabindranath Tagore

“Health Promoting Schools are schools which display and support the commitment to enhancing the emotional, social, physical and moral wellbeing of their school community” (WHO).



It is globally being realized that schools play a vital role in the overall development of a child into a competent adult who contributes usefully to society. Health is an important aspect of development of children and education is an important determinant of health. Almost all children attend school at some time during their lives and spend 6 – 7 hours of their time every day in that learning environment. Apart from this, the school curriculum can have substantial influence on health promoting behaviors, being the strongest social and educational institutions available for execution of intervention programmes as they have the required structure and governance.

It is important that all schools strive to be child friendly and health promoting. Schools must be safe, caring and supportive learning environments. Everyone involved in the school has a role to play: teachers, students, management, parents and the wider community. All stakeholders must actively participate to improve the health of our children.

GLOBAL SCHOOL HEALTH INITIATIVES

WHO's Global School Health Initiative, launched in 1995, seeks to mobilize and strengthen health promotion and education activities at the local, national, regional and global levels. The Initiative is designed to improve the health of students, school personnel, families and other



members of the community through schools. The goal of WHO's Global School Health Initiative is to increase the number of schools that can truly be called "Health-Promoting Schools". Although definitions will vary, depending on need and circumstance, a Health-Promoting School can be characterized as a school constantly strengthening its capacity as a healthy setting for living, learning and working.

The Emerging Global Vision of a “Health Promoting school”

- One that is constantly strengthening its capacity as a healthy setting for living, learning and working.
- It focuses on creating health and preventing important causes of death, disease and disability by helping school children, staff, family and community to care for themselves.
- It equips school children to take informed decisions over circumstances that affect their health and create conditions that are conducive to health. (WHO - 2008).

Creating a health promoting school means applying new ways of positive thinking. It strives to incorporate health into all aspects of life at the school and in the neighborhood community even for nearing the Goals of a Nation.



A Comprehensive School Health Policy

- Fosters health and learning with all the measures at its disposal.
- Engages health and education officials, teachers, teachers' unions, students, parents, health providers and community leaders in efforts to make the school a healthy place.
- Strives to provide a healthy environment, school health education, and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counseling, social support and mental health promotion.
- Implement policies and practices that respect an individual's well-being and dignity, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements.
- Strives to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to, or undermines, health and education.



Goals of Health Promoting Schools across the globe

- Building capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice, sustainable development.
- Recognize the importance of the participation and consultation of all stakeholders in a school community.
- Promote health and well being for all members of the school community: students, teachers, parents and the local community around it. □ Encourage planning and coordinated action and use of resources rather than a reactive response to crises.
- Preventing leading causes of death, disease and disability: tobacco use, HIV/AIDS/STDs, sedentary lifestyle, drugs and alcohol, violence and injuries, unhealthy nutrition.
- Influencing health-related behaviours: knowledge, beliefs, skills, attitudes, values and support.
- Provide screening and counseling for common child and adolescent concerns, depression, stress, anxiety, aggression as continuous behaviour issues.

How can we go about becoming a health promoting school?

Members of the school community: leaders, teachers, students and parents can do training in the HPS framework.



Officers in Curriculum Support: Health Promoting Schools Officers and the Drug Education Officer can help with information, resources and presentations to health committees/staff in schools.

The Health Promoting Schools Community Network coordinated by the Health Promoting School's officer would provide a useful network of health related community agencies, health coordinators, and members of school communities. Forums and meetings need to be held throughout the year to share ideas on themes, stories, successes and the challenges of health promotion in schools.

How can we encourage parents/guardians to get involved in our school health programs?

Being a health promoting school is a great way to involve parents with the school communities. Requests for support for tailored programs that fit with a bigger plan or goal can be a drawn for parents. Where some may not come to a meeting, they may be happy to help weed a vegetable patch or paint a courtyard. Parents/guardians do like to be consulted and participate in a vision of the school community when the health and well being of their children is the focus. Their own health issues can also be addressed through involvement in a health promoting community.



Activities such as writing a policy or volunteering on a project can provide an opportunity for parent participation. Communication through newsletters and noticeboards and displays, information at parent/teacher interviews and conferences can help keep parents/guardians in touch.

Key steps in developing a Health Promoting School:

- Engaging health and educational officials, teachers, students, parents and community leaders in efforts to promote health in schools
- Providing a safe, healthy environment, both physical and psychosocial providing effective skill based health education and life skills training
- Providing access to health services (child & adolescent)
- Implementing school policies and good practices that support health as a mission.

School Health – An integrated model for good practices

School Health – An integrated model for good practices





To achieve these sound parameters...The School may Aim to....

- Remove barriers to learning and raise achievement as a holistic concept
- Foster healthy development of children and young people in their settings of school, home, community and peer group so that they can learn, grow and make a positive contribution now and in the future
- Evaluating the range of related activities they are currently involved in, identifying areas of need and setting goals for further promoting wellbeing
- Enhance the links between schools and their communities in promoting positive learning and health outcomes for young people
- Raise awareness of the importance of promoting health for all of us.
- Established Health clubs as a platform for planned dissemination.

It has long been recognized that schools provide a most appropriate setting for both health services and health education for children and young persons. The need of the time is a comprehensive school health policy integrated within the national, regional levels of the educational system. Globally, 'school health' has been an important national programme for several decades, comprising largely of school health



services and school health education. Attempts to view student's health more holistically through a more comprehensive approach need to be strengthened. The National Curriculum Framework, 2005, by NCERT has categorically stated that health is a critical input for the overall development of the child and it influences significantly enrolment, retention and completion of school.

Above all, promotion of holistic health on the school platform raises the excellence profile of joyful learning in the formative years.