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**NATIONAL STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GB 28932-2012

**Regulation of infectious diseases prevention and control in
primary and secondary schools**

中小學校傳染病預防控制工作管理規範

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Foreword

4.8 of this standard are mandatory, others are recommended. This standard was drafted in accordance with rules GB/T 1.1-2009 given. This standard is proposed and managed by the Ministry of Health People's Republic of China. This standard was drafted. Beijing Center for Disease Control and Prevention. The main drafters. Guo Xin, Deng Ying, Zeng Peng, Fu Yun, Liu Heng Fai, bright jade ear, paragraph contestants, Liu Zheng, Xu Wenjie. Prevention and control of infectious diseases schools management practices

1 Scope

GB 28932-2012 is the Chinese national standard on regulation of infectious diseases prevention and control in primary and secondary schools, in the field of environment and health protection, safety. It carries no /T suffix, which in the Chinese system means compliance is mandatory: a product or a practice within its scope has to meet it to be lawfully made, sold or carried out in China. It was issued on 31 December 2012 by the Ministry of Health of the People's Republic of China; Standardization Administration of China, and has been in force since 1 May 2013. Classification: ICS 13.100, CCS C56. This page is published from the official record of the standard held by the Chinese standards administration: the identification, the dates, the classification and the issuing body are taken from there. The clause text, the tables and the numeric limits are in the document itself, which is delivered complete in English translation.

This standard specifies the prevention and control of infectious diseases other legal schools could lead to popular student groups or non-statutory infectious disease outbreaks System

requirements and job content. This standard applies to all types of schools at all levels, nurseries may refer to.

2 Normative references

The following documents for the application of this document is essential. For dated references, only applies to the version dated paper Pieces. For undated references, the latest edition (including any amendments) applies to this document.

GB 5749 drinking water health standards

GB/T 17226 and middle school ventilation hygiene standards

GB 50099 Code for design of school buildings Supply of WS/T 100 student nutrition lunch nutrition Jianbiao 109 rural primary and secondary schools general construction standards

3 Terms and Definitions

The following terms and definitions apply to this document.

3.1 School health professional and technical personnel schoolhealthprofessionals Medical college graduate or has obtained healers (nurse) or more titles, to medical and health expertise as the main responsibilities in schools at all levels In health care workers.

3.2 School nurse health-careteachers Non-graduate teachers in medical schools, because of their work, after training and passing the examination in school full-time or part-time work in health care personnel.

3.3 School outbreak reports of infectious diseases schoolepidemicinformationreporters Responsible for reporting on infectious diseases in school full-time or part-time health professionals, health teacher, or other school trained qualified Permanent staff.

4 Security and Institutional Organization

4.1 schools to carry out prevention and control of communicable diseases in school leadership and management departments in charge of education, and accept supervision and skills in the health sector Intraoperative guidance.

4.2 schools to set up working group to prevent infectious disease control by the principal as the first responsible person with overall responsibility for the school's infectious disease prevention and control System management. Team members should include the person in charge of the school of the relevant departments clear responsibility, responsibility to the people, and as school personnel changes, Panel members should be timely adjusted.

4.3 Schools should develop an annual work plan for disease prevention and control to be implemented at the same time integrate into school annual work evaluation.

4.4 Schools should set aside a certain percentage of the annual special funds for prevention and control of infectious diseases, to ensure the prevention and control of infectious diseases implement.

4.5 boarding schools and more than 600 school clinic or clinics should be established, according to no less than the ratio of the number of students 600.1 With full-time school health professionals.

4.6 The number of students is less than 600 non-boarding schools, can be equipped with full-time or part-time health care professionals or teachers, Schools to carry out prevention and control of infectious diseases.

4.7 Schools should explicitly report the epidemic infectious diseases. Infectious disease epidemic reporting school full-time or part-time to set a priority health professional Technical staff.

4.8 Schools should be under the technical guidance of the health sector, development of contingency plans and related infectious disease prevention and control system.

--- infectious diseases and related public health emergency contingency plans;

--- infectious diseases and related public health emergencies reporting system;

--- student morning check system;

--- absent due to illness registration, tracking system;

--- reopened proof inspection system;

--- student health management system;

5.1 Health Education

5.1.1 Each semester the school should schedule routine infectious disease prevention and control health education, use of classroom lectures, blackboard newspaper, broadcasting and other forms The students targeted infectious diseases prevention and control knowledge and education, including basic knowledge of common infectious diseases, transmission and preventive measures Shi, improve students' sense of control and capacity to respond to infectious disease prevention.

5.1.2 Schools should actively carry out prevention and control of infectious diseases on the faculty of health education, to improve its capacity to respond to infectious diseases.

5.1.3 Schools may carry infectious diseases to parents as needed to prevent and control infectious disease prevention health education to inform their infection with the schools Disease prevention and control work.

5.2 morning check The students before morning check early study hall teacher

5.2.1 daily morning or first class, to understand students' attendance and health.

5.2.2 morning check include. observation of student mental state, ask students to health, registration of absences due to illness. Teachers should view by Police, asking other means, with or without fever, rash, diarrhea, jaundice, conjunctival congestion and other symptoms occur focus on checking the students; student absenteeism investigation The reason, the information which suffer from diseases or symptoms.

5.2.3 in the morning check found that students with fever, rash, diarrhea, jaundice, conjunctival congestion and other symptoms or other abnormalities, should promptly inform the school outbreak Speaker, and make a record.

5.2.4 epidemic reporting school responsible for guiding the student morning check each class to carry out the work, the results of each class the morning check verification, investigation and treatment, do Patients infectious diseases early discovery, early reporting.

5.2.5 epidemics during the afternoon inspection should be increased in the afternoon before the first class, accommodation schools should be late for boarding students seized.

5.3 of absence due to illness registration, tracking

5.3.1 teacher absences due to illness Daily registration prevalence of students, including time of onset information, symptoms, treatment situation, to assist school Phytophthora Snow Report for people to track their condition and prognosis.

5.3.2 epidemic reporting school absences due to illness responsible for guiding the registration of each class to carry out track work on the registration of each class to verify the results, summary, do To patients with infectious diseases of early discovery, early reporting.

5.4 Health Management

5.4.1 Schools should implement student health management system, do a good job organizing medical students and health screening.

5.4.2 patients with infectious diseases in the school staff, pathogen carriers and suspected patients of infectious diseases, the infectious period or exclusion of infectious diseases The former shall not engage in laws, administrative regulations and the health administration department of the State Council prohibits the likelihood of causing the spread of infectious diseases.

5.5 Vaccination

5.5.1 Schools should check students enrolled at the time of vaccination certificates, we found that students are not affected by species according to the national immunization program should be to the local County-level disease prevention and control institutions or student residence units reported bear vaccination vaccination work, and with the CDCs Or