GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DIRECTORATE OF EDUCATION : SCHOOL BRANCH
OLD SECRETARIAT : DELHI-110054.

No. DE.23(417)/Sch.Br./09/vrl.II/ 6755

Dated: 06/11/10

CIRCULAR

Please find enclosed the Guidelines issued by Delhi Commission for Protection of Child Rights on Medical Crisis Management, mechanisms in school for information to all concerned.

Encl. As above.

( DR.(MRS.) SUNITA KAUSHIK )
ADDL. DIRECTOR OF EDUCATION (SCHOOLS)

To All Heads of Govt./Govt. Aided / Unaided recognized schools through Del-E

No. DE.23(417)/Sch.Br./09/vrl.II/ Dated:

Copy to:-

1. PS to Pr. Secretary(Education)
2. PS to Director(Education)
3. All RDEs
4. All DDEs(District)/Eos/DEOs
5. OS(IT) to please paste it on the website
6. Guard File

( DR.(MRS.) SUMAN REKHA )
DEPUTY DIRECTOR OF EDUCATION (SCHOOLS)
The Delhi Commission for Protection of Child Rights (DCPCR) was constituted in 2008 under The Commissions for Protection of Child Rights Act, 2005 to enquire into and examine violations of Child Rights and recommend/initiate proceedings in such cases to safeguard the interest of the children residing in Delhi. The Commission is empowered as a statutory authority to monitor enforcement of laws, constitutional legal and policy commitments towards the children and to also act as a civil court.

The DCPCR is currently functioning from its office at 5th Floor, ISBT Building Kashmere Gate, Delhi, 110006 with the Chairperson, Mr. Amod K. Kanth and the Members, Mr. M.M. Vidyarthi, Mr. Shashank Shekhar, Dr. (Mrs.) Sarita Sarangi and Mrs. Zeeshana Khan, who are nominated from amongst persons of eminence, ability, integrity and experience in the field of issues related to child welfare. The Secretary to the Commission is Mr. X.K. Maiho, a Civil Servant with vast experience.

The escalating incidence of accidents and serious mishaps in the schools of Delhi have led to a growing sense of concern among the cross sections of the society over the lack of preparedness and the absence of guidelines in handling medical emergencies in the schools. In the wake of such rising school-based medical emergencies an Expert Committee was constituted by the Delhi Commission for Protection of Child Rights (DCPCR) to look into the psycho-physical requirements and medical crisis management mechanisms in schools in Delhi.

Recently, in two separate heart rending incidents in the Delhi based schools (one Public school and one Government run school), which the DCPCR has taken cognizance of, a big question mark is hung before the preparedness of the schools in handling crisis situations. It is an eye opener for all concerned for prioritising the endeavour of putting at place the crisis management mechanism where there exists a big gap so far as the health care system for children in schools is concerned. Following such unfortunate, avoidable and disastrous events the said Expert Committee was constituted in May, 2009 with the task of identifying the basic minimum psycho-physical requirements, role of school authorities, government bodies, parents, students while developing a protocol for crisis management mechanism in schools.

A fifteen Member Expert Committee was constituted under the Convenorship of Dr. (Mrs.) Sarita Sarangi, Member, DCPCR who was also a Member of the Expert Committee. The other Members of the Expert Committee were the eminent personalities in their respective fields who were nominated from various walks of life. They are: Dr. A.K. Mukherjee, Dr. D. K. Sharma, Dr. S.D. Sharma, Dr. Jitendra Nagpal, Mr. Ashok Aggarwal, Dr. (Mrs) Uma Aggarwal, Mr. G.S. Negi, Mr. N.K. Shinghal, Mr. Sanjay Bharatirwa, Mrs. Vandana Sharma, Mr. M.M. Vidyarthi, Mr. Shashank Shekhar, Mrs. Hema Bhatt and Mr. Vineet Kumar.
The Members of the Committee made valuable contributions with ungrudging cooperation and unflagging zeal.

The view points of a wider section of the society including the Government Departments (Department of Women and Child Development, Social Welfare, Health, Education, Government of National Capital Territory of Delhi and Municipal Corporation of Delhi) and other Government organizations (Central Board of Secondary Education, State Council for Education, Research and Training and Child Health Education Bureau), who are the stakeholders of the child safety in the schools, through a highly interactive consultative process were taken into account.

The Committee has dwelt at length in the report on all the aspects relating to child health, emergency health care and crisis management mechanisms to tackle the crisis situations. The Expert Committee had to have a broader and wider perspective as the issues referred to it could not be treated in isolation. This explains extending the consideration of issues beyond the original Terms of Reference but at the same time within the framework of the given terms of references. The dimensions of prevention, intervention and treatment were deeply analysed so far as the crisis management in the schools are concerned. Psychological emergencies have been identified as areas which should be dealt at equal footing while preparing for wellness policies, interventions and security plans for children in the schools. While making the recommendations, the child rights perspective that permeates the thinking, at all levels has been kept in mind. The roles and responsibilities of parents, school authorities and students, taken together, have been focused in the attainment of the objective of creating a safe, secure and healthy environment in schools. After months of thorough deliberations the Expert Committee has come forward with observations which it is felt must be adhered to so that medical emergencies in the schools can be best addressed. The distinctiveness of this committee's suggestion is that the role of all the stakeholders of the school health programme (school authorities, parents, guardians, students, civil society organizations) has been identified including the School Health Committee and Emergency Response Team. Psychological Emergency has been identified for the first time which needs to be covered under the Emergency Care Plan.

- Rule 38 of Delhi School Education Rules, 1973, is deficient and needs to be revised and its proper observance ensured. Detailed instructions as provided under sub-rule 5 of the Rule should also be issued.
- The school authorities must ensure promotion of positive school health along with monitoring and inspection of medical preparedness and periodical review.
- The schools should include safety and accident prevention in their regular curriculum and standard procedures.
- The schools must ensure that they adhere to
basic safety standards for the school building as per the prescribed norms.

- The schools preferably must have a full time doctor or a doctor on call during the school hours.
- The schools must have a tie-up with the nearby hospital for medical emergency within a radius of 2-4 kilometres.
- The school dispensary should be located at the ground floor of the school building which should be easily accessible and the infrastructure should be disabled-friendly.
- Each school should formulate, with the help and advice of competent medical persons, a proper Emergency Response Plan for coping with different types of medical emergencies, at the school or during school related activities.
- Each school should set up the School Health Committee for planning, supervising and monitoring the health programme, with regular meetings, at least once in a quarter of the year but more frequently as and when necessary, and proper record of its proceedings and follow up action thereof.
- Every school must constitute an Emergency Response Team (ERT) for effectively responding to a medical emergency.
- The availability of the full team in position should be checked and reported every day at the start of the school.

- Names, telephone numbers and locations of the members of ERT should be provided to utilize available resources at minimum cost.
- Every school should carry out risk assessment through the ERT for formulation of emergency plan as well as evaluation of adequacy of the plan formulated for the purpose. This evaluation should be a continuous process and at least once a year a copy of the evaluation report should be sent to the Delhi Commission for Protection of Child Rights (DCPCR).
- Training and emergency prevention planning should be developed for the type of emergencies that commonly confront different categories of students.
- Since timely response is the essence, the emergency response plan to cope with a variety of life threatening medical situations to be formulated by every school must have clear protocols for activation of Emergency Medical Services (EMS). It must lay down the particulars/location of ERT/other emergency care designees, alarm system to alert all concerned, procedures and persons responsible for informing and organising for help from hospital/ nursing home / specialist medical facility, arranging ambulance/other transport, records/ forms to be prepared.
All concerned personnel must be familiarised with the plan and their role through regular education, training and mock drills.

A complete emergency/First Aid kit should be kept in secure location(s) designated for medications and these kits should be readily available to ERT, educated staff volunteers and other emergency care designees. A protocol for updating and monitoring the kit including upgradation of medication should be established.

The staff and senior students should undergo CPR (Cardio Pulmonary Resuscitation) training and, in order to perform CPR safely and effectively, practice the skills in the presence of trained medical personnel.

In case of emergency no ill or injured person should be sent to hospital/other medical facility or home alone or accompanied by another student. The nurse or other designated school personnel, with the emergency card, should accompany the student to the hospital.

Proper record and documentation of every reportable school related incident or emergency must be kept.

Schools should maintain data of students suffering from any life-threatening disease or having special needs.

Individual emergency care plan should be prepared for students suffering from any life-threatening disease or having special needs by the school doctor/nurse, in consultation with the student’s parent or legal guardian and personal physician.

It should be incumbent on the parents/guardians of students suffering from any life-threatening disease or having special needs to inform the school about any such condition on first admission/timeously when such need arises in the manner prescribed.

In case of a student suffering from any disease and undergoing medication, it shall be the duty of every parent to keep a slip in the bag of their child mentioning the kind of medicine being taken by the child and also keeping the school informed about the treatment process for any underlying chronic ailment. The parents should be advised in this regard by the School Doctor/Nurse.

In case of psychological emergencies qualified mental health professionals like Psychologists and Psychiatrists should be contacted for help, advice and tackling the situation. A well-defined role and responsibility of the school counselor/teacher counselor is bound to support such services on a continued basis.

The School Health Committee should formulate individualized management plan for the student with special needs in collaboration with the mental health professional of the school and the parents/guardians.

Any differently-abled student, who may need special arrangements in the event of a
school-wide emergency (e.g. fire, tornado, evacuation etc.), a plan should be developed and a responsible person designated to assist such students to safety. All appropriate staff should be aware of this plan.

Both preventive and therapeutic educational measures should be developed with collaboration between mental health personnel and educators for handling psychological emergencies.

- Schools should have the health and safety policy in place which should include arrangements for first aid. School’s first aid needs should be reviewed regularly, at least annually, and subsequent changes, if any, required, made at the earliest.

Every school should arrange for basic minimum first-aid provisions viz. suitably stocked first-aid container(s)/ box(es), appointed person(s), besides the School Nurse to take charge of first-aid arrangements and information to all staff, employees and students on first-aid arrangements, facilities available (equipment and personnel) and their location.

- First-aid provision must be available at all times while people are in school premises and also for any off the premises activities.

- Information about these arrangements for the students, staff (including illiterate, if any) and others should be clear and easily understood. For location, signages could be provided. A simple method of keeping all concerned informed is by displaying first-aid notices in staff/common rooms. Including first-aid information in induction programmes will help ensure that new staff and pupils are told about the first-aid arrangements. It is a good practice to include such information in a staff handbook and student’s almanac also.

- The management should ensure that all the requirements for provision of first aiders are met, that appropriate training is provided and recommended procedures are followed.

- For such training, besides the School Doctor/Nurse, services of Technical organisations/ Hospitals/Health Education providers could be utilised. Refresher trainings and retesting of competence should be arranged. A record of the First Aiders and their training updates should be kept.

- Besides the designated first aiders/persons, every teacher, staff and at least some students should be encouraged to undergo the basic first aid training to help in case of medical contingency.

- The number of first aid locations (including the school vehicles and the offsite activities), boxes to be provided with required contents. First aid material should be clearly labelled and easily accessible.

- All staff should take precautions to avoid infection and must follow basic hygiene procedures while providing service in...
the first aid. Staff should have access to single-use disposable gloves and hand washing facilities, and should take care when dealing with blood or other body fluids and disposing of dressing and equipment.

- Children should have complete Health Check-ups as part of the comprehensive school health programme every year with Health cards maintained for each student and regularly updated.

- Schools adopting good health practices may become role models/nodal centres for others. Peer learning programmes for neighbourhood schools may be organized.

- Involvement of parents should be encouraged at different stages of child's growth and development programmes in the school.

- Workshops/Orientation programmes on health awareness for the parents should also be organized. Parents can act as resource persons. Otherwise, medical teams from neighbouring hospitals/nursing homes may be requested to conduct regular training workshops.

- Important days related to health such as World Health Day, World Aids day, World Mental Health day, Human Rights day etc. may be celebrated with a focus on medical crisis management mechanism.

- Mock drills with senior students regarding first aid and emergency preparedness to be carried out periodically.

- Every school should appoint a school counsellor/teacher counsellor with clear roles defined.

- Training & orientation for basic intervention for emotional & behavioural problems at school, especially prevention of bullying, aggression, substance abuse should be organized and efforts be made to have appraisal of stress in children.

- Encourage guidance and counselling regarding healthy and responsible behaviours and promotion of positive mental health.

- Monitoring/Inspection of the implementation of the CSHP (Comprehensive School Health Program) and crises/emergency preparedness should be taken up by DCPCR with designated personnel for the same.

- The DCPCR could also help in implementation of the programme through assistance in initiating requisite changes in curriculum etc., devising training modules and organizing short term training programmes and monitoring of follow up action for medical crises management in schools.

- All stake-holders should be aware of and ensure performing their roles as detailed in below.
School Health Committee

- All schools must have a School Health Committee comprising 6 – 8 members.
- Appropriate authorities—as defined a/s 2(e) of Delhi School Education Act, 1973. (Education Deptt. for Government Schools/Municipal Corporation of Delhi for MCD run Schools)/Managing Committee for private Schools) must include the school doctor, the school nurse, Principal, Health coordinator teacher and any other staff trained adequately for the function there of. Students & Parents representative along with community leaders should be part of the SHC.
  - They should meet at least once a month to update, upgrade and reorient the implementation of school health programme including inspection of the emergency preparedness and Health related interventions.
  - The School Health Committee should formulate individualized management plan for the student with special needs in collaboration with the mental health professional of the school and the parents/guardians.
  - They must provide the requisite infrastructure including building/accommodation, toilet facilities for boys & girls, drinking water supply (additional if required in case of existing institutions, equipment etc).
  - In case of setting up of new schools, must ensure proper planning with regard to location, building plans etc., and adequacy of required facilities keeping in view the health and emergency requirements.
  - An Emergency Response Team (ERT) may be nominated alongside the school health committee and may adopt members from the school health committee.
  - Review the School Health Index questionnaire for baseline evaluation.
  - A Crisis or Emergency response team and the School Health Committee should have a rotating membership to allow a dynamic growth and progressive enrichment. Constantly working with parents to identify their needs, constant ideas and to encourage their involvement.

The School Principal

As Head of the institution, the basic responsibility for effective planning and implementation of the programme will rest on him/her. His/her main responsibilities would be as follows:

- Propagate and ensure a clean, healthy and safe physical environment in the school premises, and promote a proactive School Health Climate, with special attention to dining/canteen/kitchen facilities/baths/hand washing facilities and toilets, drinking water supply points, class/common rooms and hostels. The Principal's leadership in this area is paramount to the importance given to this aspect of education.

- Inculcate and enforce healthy lifestyles amongst the teachers, other school staff (especially those working in kitchen, canteens)
and students and check unhealthy habits e.g., smoking, drug use, unhealthy eating, littering etc.

- Set up the School Health Committee for planning, supervising and monitoring the health programme, with regular meetings, at least once in a quarter of the year but more frequently as and when necessary, and proper record of its proceedings and follow up action thereof.

- Establish linkages with and enlist support of public health authorities, neighbourhood hospitals/Nursing Homes, doctors from amongst the parents and others, facilities, ambulances (CATS, hospitals and charitable/commercial services etc.) chemists, NGOs, corporates, philanthropists etc.) for optimum utilization of available resources at minimum cost.

- Ensure regular supply of all required equipment, including First Aid Box (es), medicines for the Medical/First Aid Room/Box (es), with replacement/supplementing as and when required.

- Provide suitable, centrally located accommodation for Medical/First Aid Rooms on the ground floor(s).
(In case of schools in tents or other temporary accommodation, a separate small tent can be put up for this purpose till a regular building/accommodation becomes available.)

- Arrange and facilitate initial and periodical health checkups of students/staff with the help of school Doctor, volunteers from amongst the parents, with maintenance of proper records/Health Cards by the School Nurse and proper system for communication of results in case of any adverse medical findings or where any remedial action on their part is called for.

- Modify the syllabus, with competent approval if any required, to include health education as an integral part of general education in schools.

- Organize training, including short term orientation courses, in first aid and medical emergency response for teachers, school bus staff, sports staff, students and even parents willing and capable of imbibing such training, with the help of School Doctor/ Nurse, other Doctors available for the purpose. (DCPCR can help in such training by planning and providing training modules and even organizing short camps for the purpose.)

- In case of availability of Canteen or authorized vendor on the premises, arrange for proper care for health and cleanliness aspects, both with regard to eatable, cooking system and medium, type of snacks/food/cold/hot drinks supplied, equipment and premises, with adequate supervision by a specified person and frequent surprise checks.

**Responsibilities relating to Medical Emergency Response:**

- Facilitate the preparation of a proper plan by the School Health Committee, with
the help and advice of competent medical persons, for coping with different types of medical emergencies.

- Constitute the Emergency Response Team, with alternates in case of absence of any designated member for any reason, for responding to a medical emergency; arrange for their proper training and orientation in the drill for handling such an emergency. (The availability of the full team in position should be checked and reported every day at the start of the school.)

- The plan for handling a life-threatening or other serious medical emergency requiring outside help and necessitating shifting of the victim to a properly equipped medical facility (as assessed by the ER Team) should have the following as its essential elements.

  - An effective alarm system to alert the Team as well as the school head about the emergency and its nature to enable the team to go into action without any loss of time, but without starting any panic.

  - Detailing specific personnel for:
    - Calling the ambulance or arranging for any other suitable transport to avoid loss of time.
    - Alerting the nearest Hospital/Nursing home about the nature of emergency, arrangements for sending the victim (unless it is by their own ambulance) to prepare them to respond promptly.

  - Informing the parents/guardians, police, in case the nature of incident warrants the same. (Even assistance could be organized to bring the parents/guardian to the Hospital/School.)

  - Identification and establishment of linkages and protocols with the nearest suitable Hospital/Nursing Home/Clinic, Ambulance/Transport facility for response without any loss of time in routine procedures/formalities etc. in case of such an emergency. These facilities and ambulances should be familiarised with the School lay out, shortest route and gates etc. to avoid loss of time.

- Availability of a school ambulance,
pooling an ambulance or liaising with CATS for ensuring of immediate transportation of the acutely injured/ill from the school.

- Ensure proper documentation of such emergencies and their handling.
- Organise mock drills for emergency handling of different types of emergencies. (Such drills can be integrated with similar drills for disaster management programmes, which include medical emergencies.)

**The School Doctor**

Responsibilities of the school doctor are the following:

- Registered Medical Practitioner Employed with the school part-time/fulltime (especially where there are school hostels)
- Medical Check-ups, diagnosis & prescribing treatment.
- Playing leadership in all Health Education & Health Awareness campaigns of the school.
- Making appropriate referrals to specialists
- Ensuring follow up of children especially with chronic underlying ailments.
- Inspecting of school environment and sanitation
- Holding meetings/seminars with parents and teachers
- Ensuring maintenance of health records and reports
- Evaluation of the CSHP and redefining programme objectives and activities.
School Health Nurse

- A qualified registered full time nurse trained for school health emergencies and First Aid. Ratio recommended 1:750 children. In charge of the PAS (Public address system and buzzer activation for the emergency response) teachers and the SHC.
- Assisting in periodical examination of school children and annual health cards.
- Inspection of school health environment and provisions for nutrition support, advice and follow-up of health education strategies for children and adolescents.
- Manage the spectrum of minor illnesses/ injuries and provide adequate first aid.
- Skillfully use the available physical and health assessment tools to identify factors that may place the student at risk of emotional, behavioural and learning problems.
- Coordinating the referral services of the school in conjunction with families.
- Work along with the school doctor as a facilitator for Health Promotion & Health Education (Training & Development) activities of the school.

Parents & Guardians

- Adopt a clean and healthy environment and lifestyle for themselves and inculcate the same in their wards.
- Check any unhealthy habits or unhealthy company among their wards.
- Participate in health related programmes and activities in the school.
- To keep updated themselves about the common childhood emergencies and the first Aid approach.
- In case of health professionals, actively help the Schools in their health programmes, including imparting training to teachers, students and other parents etc., rendering medical aid to students and school personnel, medical examination of students and in planning for medical emergencies.
- To inform and keep the school updated of any underlying Chronic Ailments (Asthma, diabetes etc.) or unexpected developments in the health of a child, which may need the joint attention of the School & Parents.

Students

- Maintain a clean, healthy and safe physical environment, not only in the school but also in their home and the community, and adopt a clean and healthy lifestyle for themselves, their family and community.
- Abjure any unhealthy habits themselves and also advise and prevail upon their friends/classmates to do the same.
- Participate in health counselling in the school.
- Participate in health related programmes and activities in the school—take up health related subjects for project work.
- Undergo First Aid training to manage their own health problems and also to help others.
- Work as peer trainers to impart health education/training to others.
- Work on: and assist the ERT.
- In consultation with the family physician, make the child carry any essential medical device e.g. inhaler or medication with him/herself to the school, with proper understanding about their regular/emergency use.

- To participate in any health related School based activities & programmes or campaigns wherever parents are required to be present.

### School bus/any transport for students

- It is to be ensured that appropriately upgrade and updated First Aid Box is positioned at the designated place in the school bus.

- The drivers and conductors of the school bus are appropriately trained in First Aid and CPR.

- Periodical Assessment of the First Aid provisions of the school bus is carried out by the school authorities.

Health and education are the twin issues which must be addressed simultaneously. Students can learn well and excel in a healthy and safe environment.

Looking into the wide spectrum of school based medical emergencies the schools need a serious and closer appraisal. United Nations Convention on the Rights of the Child (1989) to which India is a signatory, prescribes that, every child has the inherent right to life, survival and development, including the right to the highest attainable standard of health and to facilities for the treatment of illness and the rehabilitation of health. Though the need and concern for a comprehensive health approach for children is not a new phenomenon and ways back to 1940s, a viable, effective crisis and emergency management plans for children in the school was a missing element that needed to be addressed with the urgency it deserves.

On the threshold of significant health care reforms, integrating the crisis management perspective into the strategic handling of emergency process is a positive step especially in the context of an effective system of primary health care and the emerging health needs of children. Within the ambit of preventive, promotive, curative and rehabilitative approach of healthy and safe environments in the schools, issuance of a uniform guideline along with a manual would go a long way in addressing the pressing issue. Over and above, in order to achieve this objective of creation of a healthy, safe and protected environment in the school there has to be a ground swell of commitment from the parents, teachers, Government authorities, Civil society organizations and students. Thus, crisis arising out of medical emergencies require a holistic approach with well defined medical emergency plan, wellness policies, nutritional interventions, safety audits, security plans and specific vulnerability assessment checks, etc.