

International SOS
Foundation



CAMPUS HEALTH GUIDELINES II

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APPLYING THE BRAKES TO GO FORWARD

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The COVID-19 pandemic has claimed the learning opportunities of many children in the world. Switching to virtual learning only helped in places with quality internet connectivity and access to sufficient home computers – a luxury only in developed countries. For others, a pause in physical classes for a year meant a pause in learning.

The COVID-19 viral infection is but one of the many infectious diseases that has transformed from a sporadic infection to a pandemic outbreak. It is now considered an endemic disease. History has taught us that such cycles repeat itself every few decades. Even if we move towards living with COVID-19, this will not stop the next infectious disease from becoming a pandemic.

Over the course of almost three years, the education system has been disrupted by COVID-19 related issues. Business Continuity Plans (BCP) made for managing infectious disease, if present, were not able to cope with this new disease and the speed by which it spread within schools. Gate screening, personal protective equipment (PPE) and safe distancing have taken on new meaning and imposed new challenges for physical classes. Schools now understand the need to put in the right BCP and training for the management of infectious diseases to trigger the appropriate response level to common symptoms such as fever and cough. This can be seen as applying the necessary brakes to mitigate an escalating situation. Such 'brake pad' measures include having access to Infectious Disease Experts or Medical Subject Matter Experts to provide actionable information and advice.

The impact of the pandemic has also taken a heavy toll on the mental health of both students and campus staff, as seen in the rise in incidents of stress, depression, and self-harm during this period. Hence, it is important for campuses to build a Mental Health Resilience Program as another 'brake pad'. Such a holistic system can help staff and students manage acute and prolonged crises and build resilience rather than just managing the short-term effects of mental issues. This is also critical for students and staff to withstand the next crisis.

With countries moving towards living with the COVID-19 virus, borders have reopened and travel has rebounded significantly. Despite an environment where there are thousands of new cases daily, resumption of travel is a logical step for the continuity of the economy. If a robust travel plan was imperative for safety prior to the pandemic, it is even more so now as a 'brake pad', especially as COVID-19 does not seem to be ending as yet. By seeking the appropriate advice and taking the right precautions, students and academic staff can travel safely for school trips, exchange programs etc. with as many of the risk variables mitigated in advance.

This Campus Health Guidelines II aims to be the 'brake' that schools can utilise to help them go forward, through, and beyond COVID-19. When the next infectious disease hits or next crisis comes, this brake allows the school to take a short temporal stop to activate the measures and then move forward again safely.

INFECTIOUS DISEASES

1.1 Common campus infections

By Dr David Teo & Dr Chan Yanjun

Infectious diseases are a major cause of illness among campus students. With students living together in dormitories and apartments, eating together in cafeterias, and sitting together in classrooms, illnesses and infections can spread easily.

This sub-chapter aims to raise awareness about common and important infectious diseases. The prevention of transmission of infectious diseases in campus is most likely to be successful if effective hand washing is a culture within the campus, all students and staffs are appropriately immunised, and any unwell staff member or student are excluded from campus for a necessary period.

1.1.1 Chickenpox

Varicella Zoster Virus

Signs & Symptoms	<ul style="list-style-type: none"> • Fever • Itchy skin lesions (maculopapular rash morphing into vesicles which may become pustules that crust over)
Modes of Transmission	Droplets, close contacts, moist skin lesions
Incubation Period	14 to 21 days
Period of Infectiousness	2 days before onset of rash till skin lesions crust at 14 days
Exclusion Period	14 days
Post-Exposure (Non-Immune Individuals)	<ul style="list-style-type: none"> • Chickenpox (Varicella) vaccine (within 3 days) • Pregnant females & immune compromised individuals: use immunoglobulin instead within 10 days
Vaccine	Chickenpox (Varicella) vaccine

1.1.2 Hand Foot Mouth Disease

Enterovirus 71, Coxsackie Virus A6, A16

Signs & Symptoms	<ul style="list-style-type: none"> • Fever, sore throat, poor appetite, lethargy • Rash or raised spots morphing into small blisters on palms of hands, soles, buttocks • Mouth ulcers inside mouth and sides of tongue
Modes of Transmission	Droplets, saliva, fluids from blisters, faecal material
Incubation Period	3 to 5 days

Continue - 1.1.2 Hand Foot Mouth Disease (HFMD)

Period of Infectiousness	Infectious throughout the duration of the illness and ceases to be infectious when the illness resolves
Exclusion Period	Till the fluid in the blisters has dried, students with HFMD should stay away from school, campus, child-care, playgroup, kindergarten, and crowded public places
Post-Exposure (Non-Immune Individuals)	<ul style="list-style-type: none"> Exposed population should be closely monitored (daily check) Premises must be thoroughly disinfected and all surfaces cleaned Contact surfaces of toys, sports equipment, door handles, desks, chairs and floors must be cleaned and disinfected If clusters of HFMD cases develop among the class, consider closing the class for a week for disinfection in order to break the chain of transmission (i.e. no further new cases for a week).
Vaccine	Nil

1.1.3 Measles

Measles Virus

Signs & Symptoms	<ul style="list-style-type: none"> Fever, cough, runny nose Red and watery eyes Skin rash (start with the face and spreads to the limbs, discrete to confluent pattern) Fever and respiratory signs will improve once skin rash appears
Modes of Transmission	Droplets, direct/indirect contact, with contaminated surfaces
Incubation Period	7 to 21 days
Period of Infectiousness	At least till 5 days post appearance of rash
Exclusion Period	At least till 5 days post appearance of rash
Post-Exposure (Non-Immune Individuals)	<ul style="list-style-type: none"> Measles vaccine (MMR vaccine) within 72 hours could prevent the disease
Vaccine	MMR (measles, mumps, and rubella) vaccine

1.1.4 Rubella

Rubella Virus

Signs & Symptoms	<ul style="list-style-type: none"> Clinical manifestations may be mild and not recognisable (duration of illness 2-5 days) Mild fever Enlarged lymph nodes (neck region) Rash: first appears on the face and spreads downward and peripherally Adolescents and adults: more severe symptoms, joint pain and arthritis are common
Modes of Transmission	Droplets, direct/indirect contact with contaminated surfaces
Incubation Period	14 to 21 days

Exclusion Period	At least till 7 days post appearance of rash
Post-Exposure (Non-Immune Individuals)	<ul style="list-style-type: none"> • Non-immune students & staff may receive Rubella vaccine (MMR vaccine). • Pregnant individuals should seek Obstetricians Consultation when exposed to Rubella (regardless of previous vaccination)
Vaccine	MMR (measles, mumps, and rubella) vaccine

1.1.5 Mumps

Mumps Virus

Signs & Symptoms	<ul style="list-style-type: none"> • Fever, loss of appetite, tiredness and headaches followed by swelling and tenderness of the salivary glands • One or both of the parotid salivary glands (which are located within the cheeks, near the jaw line, below the ears) are most frequently affected • About one third of infected people do not show any symptoms at all • Mumps is usually a more severe illness in people infected after puberty
Modes of Transmission	Droplets, direct/indirect contact with contaminated surfaces
Incubation Period	16 to 18 days
Period of Infectiousness	7 days before salivary gland swelling and 9 days after onset of salivary gland swelling
Exclusion Period	At least till 9 days post onset of salivary gland swelling
Post-Exposure (Non-Immune Individuals)	Mumps vaccine (MMR vaccine)
Vaccine	MMR (measles, mumps, and rubella) vaccine

1.1.6 Conjunctivitis (Red Eyes)

Virus, Bacterial, Allergy, Irritant

Signs & Symptoms	<p>Viral Conjunctivitis</p> <ul style="list-style-type: none"> • Could be an accompanying symptom of flu or respiratory infection; usually starts in one eye and may spread to the other eye within days • Eye discharge: usually watery unless there is secondary bacterial infection <p>Bacterial Conjunctivitis</p> <ul style="list-style-type: none"> • Eye discharge: thick and sticky discharge (pus like) causing eyelids to stick together • At times there may be an accompanying ear infection <p>Allergic Conjunctivitis (non-infectious)</p> <ul style="list-style-type: none"> • Usually occurs in both eyes • Itch, tearing, swelling of eyes, with/without asthmatic symptoms <p>Irritant Conjunctivitis (non-infectious)</p> <ul style="list-style-type: none"> • History of exposure to irritant fumes or chemicals • Painful eyes, watery eyes and mucus discharge
Modes of Transmission	Droplets, direct/indirect contact with contaminated surfaces (then touching eyes)
Incubation Period	24 hours to 72 hours

Period of Infectiousness	Whilst the eye discharge is present
Exclusion Period	For infectious conjunctivitis, individuals should stay home till resolution of symptoms
Post-Exposure (Non-Immune Individuals)	Not applicable
Vaccine	Nil

1.1.7 Acute Gastroenteritis

Virus, Bacteria, Parasites, Food Allergy / Intolerance, Psychological Cause

Signs & Symptoms	<p>Virus (Rotaviruses, Noroviruses)</p> <ul style="list-style-type: none"> Watery diarrhoea, vomiting, fever, headache, muscles ache, abdominal cramps <p>Bacteria (Salmonella, Shigella, E.coli, Cholera)</p> <ul style="list-style-type: none"> Watery and/or bloody diarrhoea, vomiting, fever and abdominal cramps <p>Parasites (Giardia, Cryptosporidium, Amoebiasis)</p> <ul style="list-style-type: none"> Loss of appetite, bloated sensation, diarrhoea, stomach cramps <p>Food allergy / intolerance (lactose, wheat)</p> <ul style="list-style-type: none"> Hives, skin itchiness, swelling of lips, abdominal pain, diarrhoea, nausea, vomiting <p>Psychological cause (anxiety, stress)</p> <ul style="list-style-type: none"> Diarrhoea, abdominal cramps
Modes of Transmission	<p>Virus</p> <ul style="list-style-type: none"> Spread by the vomit or faeces of an infected person via person-to-person contact (shaking hands), physically touching contaminated objects, ingesting contaminated food or drink <p>Bacteria</p> <ul style="list-style-type: none"> Ingestion of contaminated or undercooked food Spread by the vomit or faeces of an infected person via person-to-person contact (shaking hands) <p>Parasites</p> <ul style="list-style-type: none"> Spread through contaminated soil, food, and water that has been in contact with faeces of an infected animal or person
Incubation Period	<p>Virus: 24 to 72 hours</p> <p>Bacteria: 24 to 72 hours</p> <p>Parasites: 5 to 15 days</p>
Period of Infectiousness	During the illness and for at least 24 hours after symptoms have disappeared
Exclusion Period	During the illness and for at least 24 hours after symptoms have disappeared
Post-Exposure (Non-Immune Individuals)	Not applicable
Vaccine	Oral rotavirus vaccination protects against rotavirus gastroenteritis (commonly occurs between 3 and 35 months of age)

1.1.8 Influenza

Influenza Viruses

Signs & Symptoms	Fever, chills, cough, sore throat, runny or stuffy nose, muscle ache, body aches, headache, tiredness
Modes of Transmission	Droplets, direct/indirect contact with contaminated surfaces
Incubation Period	1 to 4 days
Period of Infectiousness	1 day before symptoms develop and up to 5-7 days after onset of symptoms. Most infectious during the first 3-4 days of illness
Exclusion Period	At least for 5 days after onset of symptoms
Post-Exposure (Non-Immune Individuals)	Oral Baloxavir (single dose) for persons aged 12 years and older within 48 hours of contact with an individual with influenza
Vaccine	Influenza vaccine

1.1.9 Head Lice

Parasitic Insect (Pediculus humanus capitis)

Signs & Symptoms	<ul style="list-style-type: none"> • Tickling feeling of something moving in the hair • Itching • Sores on the head caused by scratching (sores could be infected by bacteria on the person's skin) • Irritability and difficulty sleeping (head lice are most active in the dark)
Modes of Transmission	<ul style="list-style-type: none"> • Close person-to-person contact (mainly spread by direct contact with the hair of an infested person) • Head lice infest the head and neck and attach their eggs to the base of the hair shaft. Lice move by crawling; they cannot hop or fly
Incubation Period	<ul style="list-style-type: none"> • Head lice nits take 8 to 9 days to hatch • 4 to 6 weeks for itching to appear
Period of Infectiousness	Until live lice are no longer present
Exclusion Period	Individuals to return to school after appropriate treatment has begun. Nits may persist after treatment, but successful treatment should kill crawling lice.
Post-Exposure (Non-Immune Individuals)	Not applicable
Vaccine	Nil

1.1.10 Tuberculosis (pulmonary)

Mycobacterium Tuberculosis

Signs & Symptoms	<p>Tuberculosis (TB) bacteria usually grow in the lungs (pulmonary TB)</p> <p>Symptoms of Pulmonary TB:</p> <ul style="list-style-type: none"> • Bad cough that lasts 3 weeks or longer • Pain in the chest • Coughing up blood or blood-stained sputum • Weakness or fatigue, weight loss, loss of appetite, chills, fever, night sweats
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Modes of Transmission	Droplet nuclei (airborne)
Incubation Period	2 to 12 weeks after the initial infection
Period of Infectiousness	2 to 3 weeks into course of anti-TB treatment
Exclusion Period	2 to 3 weeks into course of anti-TB treatment, and when sputum is free of TB bacteria
Post-Exposure (Non-Immune Individuals)	Co-trimoxazole prophylaxis is recommended for infants, children, and adolescents with retroviral disease
Vaccine	Bacillus Calmette–Guerin (BCG) vaccine

1.1.11 COVID-19

SARS-CoV-2 Virus

Signs & Symptoms	<p>COVID-19 infection presents with wide range of symptoms (mild symptoms to severe illness)</p> <ul style="list-style-type: none"> • Fever or chills • Cough, sore throat, congestion, or runny nose • Shortness of breath or difficulty breathing • Fatigue, muscle, or body aches • Headache • New loss of taste or smell • Nausea or vomiting, diarrhoea
Modes of Transmission	<p>Exposure to SARS-CoV-2 Virus occurs in 3 principal ways:</p> <ul style="list-style-type: none"> • Inhaling very fine respiratory droplets and aerosol particles • Deposition of respiratory droplets and particles on exposed mucous membranes in the mouth, nose, or eye by direct splashes and sprays • Touching mucous membranes with hands that have been soiled either directly by virus-containing respiratory fluids or indirectly by touching surfaces with virus on them
Incubation Period	2 to 14 days
Period of Infectiousness	<p>Infectious period (after symptoms onset) and thus isolation period are tightly governed by in-location health authorities, and thus would vary from country to country</p> <ul style="list-style-type: none"> • Asymptomatic: 5 - 7 days • Mild symptoms: 5 - 7 days • Moderate symptoms: 7 - 10 days • Severely ill patients (hospitalisation, intensive care, ventilation support): 10 - 20 days • Moderately or severely immunocompromised patients might have a longer infectious period: up to 20 days
Exclusion Period	<p>Until isolation period (with reference to period of infectiousness & in-location health authorities' directives) has been completed, resolution of fever without fever-reducing medications, and other symptoms to resolve / show great improvement</p>
Post-Exposure (Non-Immune Individuals)	Study is on-going as of August 2022
Vaccine	COVID-19 Vaccine

1.1.12 Monkeypox

Monkeypox Virus

Signs & Symptoms	<ul style="list-style-type: none">• Fever, chills, headache, muscle aches and backache, lethargy• Swollen lymph nodes• Rash (could appear as pimples or blisters):<ul style="list-style-type: none">• on the face, inside the mouth, and on other parts of the body (hands, feet, chest, genitals, or anus)• rash goes through different stages before healing completely• Illness typically lasts 2-4 weeks• Rash could appear first, then followed by other symptoms. Some patients only experience a rash
Modes of Transmission	<ul style="list-style-type: none">• Direct contact with the infectious rash, scabs, or body fluids• Respiratory secretions during prolonged, face-to-face contact or during intimate physical contact• Touching items (such as clothing or linens) that previously touched the infectious rash or bodily fluids• Pregnant people could spread the virus to their fetus through the placenta
Incubation Period	5 to 21 days
Period of Infectiousness	From onset of symptoms until the rash has fully healed and a fresh layer of skin has formed
Exclusion Period	Until rash has fully healed (with a layer of fresh skin formed)
Post-Exposure (Non-Immune Individuals)	Post-exposure prophylaxis vaccine is recommended for anyone who is considered by health authorities and/or attending doctor as a high risk close contact.
Vaccine	<ul style="list-style-type: none">• JYNNEOS® vaccine (given as 2 doses, at least 28 days apart for people 18 years and over.)• ACAM2000™ vaccine (a live-attenuated smallpox vaccine that is also effective against Monkeypox. Not suitable for severely immunocompromised people, pregnant or breastfeeding people, people with cardiac disease , or infants below 12 months of age)

1.2 Pillars of Infection Control in Campus

By: Dr Jamon Ngoencharee

1.2.1 Background

Poor management of an outbreak in schools may lead to reduced educational performance, parental anxiety and a loss of confidence in a school's ability to care for a student. A school's reputation and liability may also be called into question. Students and staff may become infected at school and potentially spread the infection to their families at home,

School campuses may be faced with various infectious disease outbreaks as listed in the previous sub-chapter. As part of the campus' crisis management plans, it is necessary to anticipate the likelihood of an infectious disease outbreak. An effective Infection Control BCP for campuses is critical.

All of these risk mitigations require strong support from parents, teachers, local communities, and all levels of government. Campus Infection Control BCP must be flexible and adaptable, with potential for revisions as additional research becomes available. This may mean relaxing some standards or strengthening others. Crisis Management Teams (CMT) that include healthcare professionals responsible for Infection Control policies is also key.

1.2.3 The roles of infection control stakeholders

Individual (students, staffs):

- PPE
- Masking
- Eye protection
- Hand hygiene

Engineer/Environmental controls (school policy maker, HR, janitor):

- Indoor ventilation
- Outdoor spaces
- Cleaning protocols

Administrative controls (school policy maker, school nurse, HR):

- Symptom screens
- Sick policies
- Limit contacts
- Vaccination policies

Epidemiologic control (school policy maker, HR, janitor):

- Improve access to testing
- Contact tracing
- Quarantine

1.2.2 Pillars of Infection Control on Campus as part of crisis management planning: PREVENTS

- P** Physical distancing
- R** Respiratory protection
- E** Elimination of germs
- V** Vaccination policy
- E** Enhance ventilation of indoor space
- N** Neutral buffer zone
- T** Testing and tracing of close contacts
- S** Symptom screening / sick policy



Remark: A practical approach is to review principles and systems starting at the Epidemiological level and work through Administrative, Environmental and Individual Controls. All levels need to be in place for a system to effectively have a safety net and respond.

An example of a Risk Matrix demonstrating Environmental, Administrative and Individual Controls
International School Manila Epidemic Response Matrix

By Dorothee Binsfeld, International School Manila (ISM), Philippines

THREAT LEVELS	CAMPUS ACCESS CONTROLS	EDUCATIONAL DELIVERY	EXTRA CURRICULAR PROGRAMME	FIELD TRIPS	SCHOOL PROVIDED TRANSPORT	ISM PERSONNEL	SCHOOL OPERATIONS	CANTEEN OPERATIONS	SCHOOL HEALTHCARE	ISM COMMUNITY COMMUNICATION
LEVEL ONE (Low Risk) Human cases of infection with specific pathogens in the Philippines No human cases in the population in Metro Manila	Access to campus per ISM policy	Regular school curriculum	All activities carry on as scheduled	Field trips allowed as per ISM policy	All bus routes and routines as per the norm	Normal working conditions but for faculty and staff returning from affected areas have their health monitored for 14 days	Normal cleaning routines and maintenance	<ul style="list-style-type: none"> Canteen operations remain as per the norm Continual disinfecting by cleaning personnel Review food handling procedures with staff 	<ul style="list-style-type: none"> See physician if temperature is 37.8°C and above Encourage hand-washing and good hygiene practices 	<ul style="list-style-type: none"> Use of E-mail and scheduled meetings to disseminate information as needed Primary source of guidance will be the WHO
LEVEL TWO (Moderate Risk) Outbreak in Metro Manila First Case of Infection with specific Pathogens reported in Metro Manila	<ul style="list-style-type: none"> School open to staff, students and parents only. Anyone else by appointment only to minimise visitors Anyone with temperature 37.8°C and above report to satellite Clinic Crèche is closed 	Regular school curriculum	All activities carry on as scheduled	Field trips are reviewed on a case-by-case basis by the school administration	All bus routes and routines as per the norm	<ul style="list-style-type: none"> Normal working conditions All faculty and staff report to work after checking temperature at home 	<ul style="list-style-type: none"> Continual disinfecting throughout the day Full disinfection every three days 	<ul style="list-style-type: none"> Screen all canteen workers; those with temperature of 37.8°C and above are sent to Satellite Clinic for evaluation All food service workers must wear gloves/mask 	Students, faculty and staff with fever and/or specific symptoms are checked in the Satellite Clinic, screened for exposure to specific pathogens and sent home with a recommendation to see a doctor	<ul style="list-style-type: none"> Primary source of guidance will be the WHO Use of E-mail and scheduled meetings to disseminate information as needed Information presented at student assemblies ISM webpage updates Press releases only given by the Superintendent
LEVEL THREE (Medium Risk) Increased spread of specific pathogens in Metro Manila Public spread of pandemic flu in local region	Closed campus; nobody allowed off campus during the day *Circumstances may dictate that we proceed directly to Level 4	<ul style="list-style-type: none"> Daily homework provided by teacher for any student staying at home All students exit campus by 2:45 PM Instruction to parents via email and web page on use of virtual school program 	<ul style="list-style-type: none"> Cocurricular programs suspended Large gatherings not allowed 	<ul style="list-style-type: none"> All special events, field trips, travel etc. discontinued No large faculty or staff gatherings Field trips discontinued 	All bus routes run as usual –Bus access may be denied for those with fever or sick (Bus service discontinued at this level)	<ul style="list-style-type: none"> Crisis Response Team meets to determine how best to continue school operation Mandatory medical leave for those with flu symptoms 	<ul style="list-style-type: none"> Cleaning routines include using a bleach solution Waterless hand soap and Lysol available for all classrooms Hand washing signs posted on campus. Buses cleaned with bleach solution before all runs 	<ul style="list-style-type: none"> Food Service in place for staff and students who are attending school Review safe food handling procedures with canteen workers 	<ul style="list-style-type: none"> ISM clinic health physician determines if individual who has recovered from infection can return to school If temperature is 37.8°C and above, the individual must go home 	<ul style="list-style-type: none"> Daily updates to faculty and community Daily instruction to explain and to emphasize proper hygiene Use of E-mail and text blast to disseminate information as needed ISM webpage updates Press releases only given by the Superintendent
LEVEL FOUR An ISM community member is infected with specific pathogens Government directs schools to close	<ul style="list-style-type: none"> No classes held on campus School facility closed to all but essential personnel for indeterminate period of time School quarantine 	Full implementation of Virtual School or alternative delivery system with students and faculty members either in or out of the country	Not applicable – school facility closed	Not applicable – school facility closed	Not applicable – school facility closed.	Crisis Response Team reviews process of school closure and activation of Virtual School Program	Necessary cleaning and Maintenance	Closure of canteen	<ul style="list-style-type: none"> Those with fever and/or specific symptoms should isolate themselves, and attend a designated hospital if appropriate Protective gear worn by those in school Provide phone advice for ISM community 	<ul style="list-style-type: none"> Primary source of guidance will be the WHO Use of email and text blast to disseminate information as needed Press releases only given by the Superintendent

1.3 Effective Communication during an Outbreak

By Alvin Leow, Connel Loh
Singapore Management University

To say that COVID-19 brought unprecedented challenges and profound changes is probably an understatement. Throughout the pandemic, countries underwent over a dozen essential changes in safe management protocols, learning to co-exist with the virus.

No organisation was spared the impact of COVID-19 and the Singapore Management University (SMU) quickly took to implementing a comprehensive slate of safety measures that were aligned to protocols and guidelines issued by the Singapore Government via the Ministry of Health and Ministry of Education to manage the spread of the virus, as shared in Section 1.2.3.

1.3.1 Channels of Communication

Effective communication channels have never been so essential as during the recent COVID-19 pandemic. The complexity of rapidly evolving health measures and the impact on the University's core activities of teaching and learning, required comprehensive communication and outreach measures to stakeholders.

Examples of multiple communication strategies led by Singapore Management University's (SMU's) senior leadership team include:



- Email communiques to highlight major updates
- Virtual townhalls sessions with faculty, staff and students to hear and address concerns
- SMU Microsite with regular updates

1.3.2 Proactive Outreach: The Care-Call Communication Protocol

As part of SMU's due care to the student community, SMU implemented a specific Care-Call communication protocol which reached over 1,300 students serving Quarantine Orders/Stay Home Notices periods from June 2020 till March 2022. These Care-Calls were proactively conducted at specified intervals with several goals in mind:

1. Ensuring their well-being – keeping an eye on their physical and mental well-being
2. Helping them adhere to quarantine requirements
3. Resolving specific concerns they might have which needed a referral to external agencies

Beyond medical support and assistance required by COVID-19 positive students, the Care-Call communication protocol uncovered several diverse needs including but not limited to:

- Medical evaluation due to non-COVID related medical conditions
 - Food allergies during quarantine
 - Inadequate supplies of personal medication
- Assistance to stay on track with classes
- Referral to the University's counsellors to cope with isolation/quarantine
- Advice on what to do for scam calls received

In summary, the valuable role played by communications during the pandemic cannot be overstated. The combination of **multiple channels of communications** by leadership combined with a **proactive and open channel** with the more vulnerable stakeholders allowed issues to be quickly resolved before they gathered weight and gravity.



2 CAMPUS CLINICS

2.1 Campus Clinic: A Vital Component of Campus Health

By: Ida Ho

2.1.1 Introduction & Purpose

A campus clinic delivers a range of clinical services which extends to events outside of the school premises such as sporting events and field trips. A school health service is an integral part of the health of the campus and community. Having access to a campus clinic is critical to student success and the functions of the campus clinic is ever-expanding in its role.

This chapter aims to share how a campus clinic can be optimised to serve a broad range of services. To achieve the best possible outcome, integration and alignment with the Campus Administrator is key.

2.1.2 Function of Campus Clinic

Today, driven by a broader and better understanding of health and its impact on learning, there is an increasing expectation of the service provision of the Campus Clinic:

A. Campus Clinic Function

The Campus Clinic takes care of the staff and students physical health problems and provides different levels of medical care from first aid to acute medical emergencies.

B. Health Screening

Every person should have health screening once a year. Being able to provide health screening on site contributes to a critical component of preventative care.

C. Mental Health

As part of the Wellness Program on campus, the clinic can provide comprehensive mental health services which support the community beyond a crisis situation and becomes integral to its strategy on preventative care. This is in addition to the expertise of Campus Counsellors who would work closely with mental health professionals to address issues affecting student academic performance and suicide prevention.

D. Campus Clinic as an Integral Part of Campus Infectious Diseases Defence Plan

The Campus Medical Team plays an integral role in ensuring that the facility is prepared to respond to a public health outbreak. They are key to the planning, activation and delivery of protocols and strategies to protect against infectious diseases, keeping the campus safe.

2.1.3 Populations

When setting up the Campus Clinic, it is important to note that 3 population groups need to be catered to:

- Students & Staff – domestic and foreign
- Staff – academic and administrative
- Contractors – possibly extended during emergencies as part of BCP

In some campuses, the clinic would also provide medical support to full or part time boarding students and staff in dormitories. Separate health measures should be designed for such groups to include criteria for quarantine and triggers for complete shut down of this component of the institution.

2.1.4 Partnership with the Campus Administrator

The benefit of having a campus clinic is optimised when the Campus Medical Team develops a strong partnership with the Campus Administrator and where agendas and responsibilities are well aligned. The Campus Medical team can provide medical input and act as subject matter experts in ensuring that medical risks are mitigated and minimised.

2.1.5 Integration of the Campus Medical Team

It is equally important for the Campus Medical Team to be an integral part of the campus community and make every effort to familiarise themselves with staff and students. Being able to know the students and staff by name and to recognise those with chronic medical conditions helps to build trust. Safeguarding practices, communication to parents and guardians and a strong working relationship with staff is critical.

2.1.6 Conclusion

Campus Health provides an integrated, holistic approach to physical and mental well-being. A campus clinic is a vital component and avenue for these services to be delivered to the campus community.



2.2 Considerations for a Successful Campus Clinic

By Clement Lee, St Joseph Institution International (SJII)

On the surface, providing an education for students is the core function of any school. In reality, running a school consists of multiple administrative and operational aspects to enable the delivery of quality education. One of these operational requirements is to manage a clinic within the campus with two main objectives:

1. To ensure prompt medical attention for staff and students which enables them to recover more quickly and continue their objective of teaching and learning
2. To go beyond primary medical care and promote wellness and resilience within staff and students

2.2.1 The challenges of managing a clinic on campus

Managing needs vs operational costs

Managing growth of the school and the needs of the various age groups

Managing students' data & conforming with government regulatory requirements

Innovating on healthcare programmes

Keeping abreast of the latest health risks

Operating within the limitations of a pandemic/ outbreak

Identifying these challenges can help to set the parameters of whether to run an in-house clinic or to outsource the clinic and its staffing to a third-party provider.





2.2.2 Insourcing versus Outsourcing

Pros of Outsourcing:

- On-campus nurses are supported by a panel of medical experts for acute emergencies and policy consulting during a crisis. This is also useful for building confidence amongst parents by providing direct medical expert communication to them
- Direct access to health updates, regulatory requirements and latest medical trends pertinent to the institution and community
- Having a team who can build familiarity with the school and students due to shift rotations
- Value-added services including vaccination, testing, healthcare programmes as part of a sustainable, cost effective health promotion strategy
- Expertise on medical data compliance, tracking and reporting of medical activities
- Expertise on the latest local health and regulatory requirements (eg safe distancing management measures) as well as regional best practices for the industry

Cons of Outsourcing:

- Managing multiple vendors besides a healthcare vendor
- Potentially frequent turnover of nurses based on vendor's staffing arrangements
- Need to reassure staff and parents about not losing out on a personal touch and building rapport

Overall, SJII has seen more benefits in outsourcing its campus clinic and establishing a good understanding between the school and the vendor. This relationship has also been beneficial during incidents where emergency evacuations were required.

Now that the focus on COVID-19 has reduced, there is an opportunity to explore other avenues of healthcare that can be provided for our students and staff, such as counselling, First Aid Training, wellness programmes and more. Ultimately, it boils down to providing the best for our students to determine the success of a campus clinic.

3 MENTAL HEALTH

By Pei Lynn Foo and Dr Karabo Mongae

3.1 Recognising the Troubled Student

The unprecedented Covid-19 pandemic has disrupted academic progression for many students in different ways. Since last year's gradual return to in-person learning, many educational institutions have observed adjustment challenges and difficulties in their student population. After more than two years of remote and hybrid learning, many young people are struggling not only in learning proficiency and adjustment to new norms, but re-navigating social integration and balancing psychosocial needs. Many young people have experienced mental health decline which continues to impact them as they return to school.

While schools are striving to bridge the gap in learning loss, it is imperative to also focus on the social and emotional well-being of students. Although it is fair to expect some initial adjustment challenges in the transition back to school, it is also important to look out for warning signs in struggling students.



3.1.1 Behavioural Problems

I. Externalising behaviours

- Acting out & disruptive behaviours
- Aggression, defiance & hostility (towards peers & those in authority)

II. Withdrawal, isolation and internalising behaviours

- Retreating into own shell
- Moving away from others
- Self-harming behaviours
- Defeatist mindset
- Suicidal ideations

III. General behavioural changes

- Prolonged tiredness and listlessness
- Concentration difficulties
- Regressive behaviors
- Changes in eating and sleeping habits
- Decline in activities of daily living

3.1.2 Social Problems

- Deterioration in socialisation & maintaining rapport with peers & educators
- Social relationships often reflective of family challenges

3.1.3 Physical Warning Signs

Young people presenting with elevated levels of stress and anxiety are likely to experience some of the physical symptoms below:

- Complaints of different aches and pains
- Complaints of difficulty in breathing
- Nausea and vomiting
- Unexplained physical injuries including cuts and bruises
- Fatigue and constant sleeping in class
- Excessive nervousness and/or crying

Hence, if educators and caregivers observe students under their care experiencing multiple symptoms across the different areas mentioned above beyond a two-week period, it is vital to reach out to them and ensure that they receive the support and intervention needed. A multidisciplinary approach involving the school academic and administrative staff, family, medical and mental health professionals are essential in meeting the needs of troubled students.

3.2 Self-Help: The First 5-Minutes and Beyond

Safe Space

Designated quiet space with privacy

Act to Self Soothe

Grounding
Deep breathing exercises
Tension relieving exercises

Connect

Reach out for support and access resources

The simple S.A.C. acronym (Safe space – Act to self-soothe – Connect) can be used to guide students who are overwhelmed to manage themselves when in distress.

The school, educators and staff play an integral role in cultivating the foundation to empower students to strengthen their self-help skills when in distress. In order to support students' self-help abilities and ensure the S.A.C. can be implemented successfully, the school is required to take proactive steps to establish and sustain a psychologically safe environment. Some of these measures include:

- Improving mental health literacy and addressing stigma
- Training school staff, teachers and peer groups in psychological first aid
- Creating support networks and mental health resources
- Working with the student population in:
 - Getting constructive input and suggestions to foster their wellbeing (involve them in setting up safe spaces and resources)
 - Coaching and learning self-calming and positive coping skills

3.3 Recognising and Responding to Self-Harm

Self-harm, also known as non-suicidal self-injury, is the act of harming oneself deliberately. Common acts of self-harm include cutting, scratching, biting, self-hitting, burning and others. It is helpful to know that self-harm often goes beyond self-inflicted physical injury where the individual puts himself/herself in danger by engaging in risky behaviors such as drinking, taking drugs, reckless driving and unsafe sex. School aged children and adolescents are especially vulnerable and since the pandemic, there has been a reported rise in young people engaging in self-harm to manage their distress.

Reasons for Self-Harm

1. To cope with intense emotions and release tension
2. Attempt to regain control over self and situation
3. To relieve guilt or punish self
4. Self-soothe and calm
5. Feel something when disconnected and numb
6. Communicate distress which cannot be expressed verbally

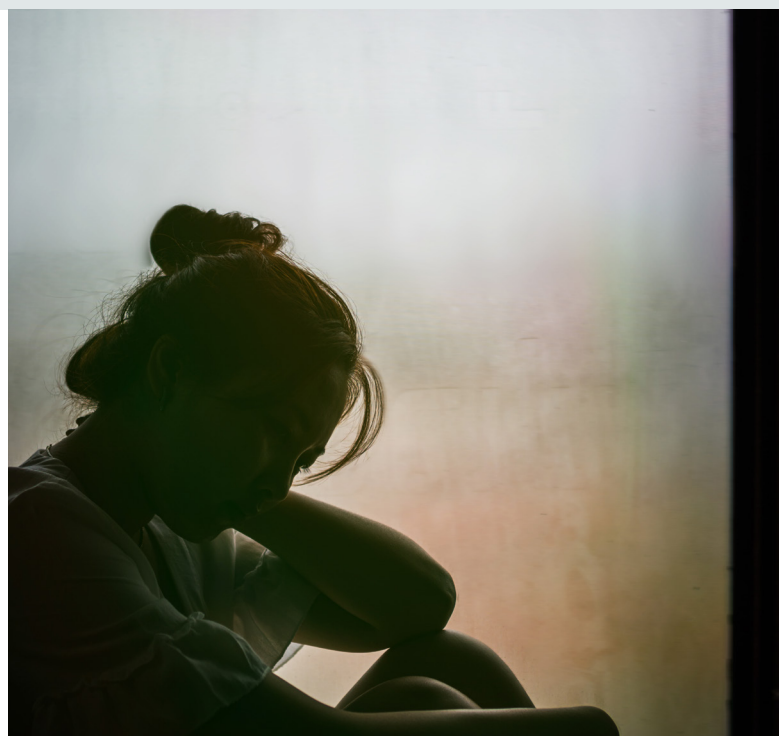
Signs and Symptoms

- Unexplained cuts, bruises, wounds, and scars
- Wearing of long sleeves or long pants to “cover up” despite hot weather
- Keeping of sharp objects (e.g. razors, scissors, knives etc.) in possession
- Frequent reports of accidental injury or clumsy mishaps
- Needing to be alone for long periods of time especially in the washroom

Self-harming behaviors in young people require proactive and concerted support and intervention from different levels including the school, educators, caregivers and mental health professionals. Individuals who self-harm and injure have a higher risk of suicide hence the issue must be addressed effectively with understanding, compassion and sensitivity.

It is helpful to have a school policy on self-harm which includes information on:

- How to recognise and support students in need
- Talking to and working with parents/caregivers
- Minimising contagion of self-harm between students
- Supporting teachers in managing the issue of self-harm in students
- Mental health professional resources to support students, teachers and the school



3.4 Stakeholders: Managing Burnout for Educators and Staff

Much focus has been placed on students' mental health and academic adjustment during the pandemic and returning to in-person learning. It is vital to also emphasise the mental health and wellbeing of educators and administrative staff. The past couple of years have seen educators and staff challenged and stretched in taking up the immediate demands of online teaching and supporting students while also managing the stressors and loss the pandemic had brought forth. Many educators and school staff have experienced burnout or are at the brink of breakdown.

Hence, it is imperative to investigate and strengthen the wellbeing of educators and school staff as many countries transition into endemicity and mitigate the challenges it brings. The Self-Monitoring, Self-Care and Support model can serve as a guide in supporting the often-neglected pillars of student progression and development.



3.4.1 Self-monitoring

Physical, Emotion, Cognitive and Behavioural are the four areas in which it is important to monitor for common signs and symptoms of burnout:

Physical

- Fatigue
- Lowered immunity
- Change in appetite or sleep habits (too much or too little)

Emotional

- Feeling overwhelmed
- Anxiety & agitation
- Moodiness or irritability
- Loss of motivation

Cognitive

- Forgetfulness
- Poor concentration
- Increasing cynical & negative outlook
- Difficulty making decisions

Behavioural

- Isolating self
- Unhealthy coping habits, e.g. food, smoking, substances
- Neglect in self-care

*** Above list is not exhaustive



3.4.2 Self-Care

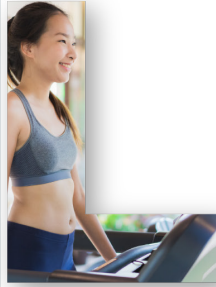
Self-care allows one to identify existing positive coping skills and to further enhance or develop coping strategies to support one's wellbeing.



Self-reflection



Engage with community



Listen to your body



Family & Support



Coping Measures (Positive)



Avoid Negative People and Situations



Relaxation Techniques



Eat a Healthy Diet

3.4.3 Support

The support of educators and school staff by administrators and policymakers is fundamental in sustaining their wellbeing. Some initiatives and steps to be taken include:

- Cultivating a culture of listening
- Incorporating educators and staff in the decision-making process

- Introduce sustainable and ongoing wellbeing programs and mental health resources

4 TRIP PREPARATION

By Dr. Akiko Nomura, Regina Lim, Noriko Takasaki

4.1 Post Pandemic: Planning Before a Trip

It is good practice to conduct risk assessments for every trip even if the trip is planned for the same location as previous years, as the environment and student profile may have changed. This chapter serves to complement existing risk assessment methodologies being practiced by educational institutions and should not replace the existing policies.

Following the recent COVID-19 pandemic, as schools consider reinstating school trips as part of their outdoor education programme, the acronym SAFE TRIP is a useful tool to serve as a reminder when preparing for a trip.

Description		Check Box	Remarks
S	Students	<ul style="list-style-type: none">1. What is the student age group? <input type="checkbox"/>2. How many students are participating in this trip? <input type="checkbox"/>3. What is the teacher-student ratio per sub group? <input type="checkbox"/>4. Are there any students who have existing medical conditions? <input type="checkbox"/>a. Is there any specific or increased risk because of their profile ? <input type="checkbox"/>	
A	Activity	<ul style="list-style-type: none">1. Does this trip involve academic and cultural activities? <input type="checkbox"/>2. Does it involve social community services? <input type="checkbox"/>3. Does it involve extreme activities such as mountain climbing, water rafting, diving, etc? <input type="checkbox"/>4. Any other activities? <input type="checkbox"/>	

Description		Check Box	Remarks
F	Fitness to Travel / Participate	1. Are there any medical conditions? <input type="checkbox"/> 2. Any recent injury or surgery done? <input type="checkbox"/> 3. Any allergies of concern? <input type="checkbox"/> 4. What is their mobility status? <input type="checkbox"/> 5. Are there any students unable to participate in any of the activities? <input type="checkbox"/>	
E	Environment	1. Which country and locations within the country are the students travelling to? <input type="checkbox"/> 2. Where is the nearest identified medical care facility? <input type="checkbox"/> 3. What are the most recent updates about the destination country's infectious disease status and regulations? (eg. COVID-19, malaria, dengue, etc) <input type="checkbox"/> 4. What is the risk rating standard of the individual country? (refer to https://www.travelriskmap.com/#/planner/map) <input type="checkbox"/> 5. Is there a risk from any endemic infectious disease? <input type="checkbox"/> 6. What are the prevalent security threats (crime, terrorism, social unrest) identified? <input type="checkbox"/> 7. Are there any natural hazard concerns? <input type="checkbox"/> 8. What are the road and logistics conditions? <input type="checkbox"/> 9. What is the most recent immigration requirement for the destination? <input type="checkbox"/> 10. What type of accommodation is available? <input type="checkbox"/>	

Description		Check Box	Remarks
T	Tests	1. Is there any testing requirements such as COVID-19 antigen rapid test (ART) ? <input type="checkbox"/> 2. Is there any health declaration submission required? <input type="checkbox"/>	
R	Risk and Resilience	1. What are the rules and regulations if you test positive for an infectious disease such as COVID-19? <input type="checkbox"/> 2. Have you identified any psychological first aid personnel? <input type="checkbox"/> 3. Have you identified any first aid trained personnel? <input type="checkbox"/> 4. Are personnel/students fully briefed on prevalent risks and necessary mitigation measures? <input type="checkbox"/>	
I	Insurance	1. Does the insurance policy cover pre-existing disease such as diabetes or COVID- 19? <input type="checkbox"/> 2. Does your insurance policy cover the potential security scenario appropriate to the risk environment? <input type="checkbox"/>	
P	Preventive measures	1. Have you prepared your travel care kit? <input type="checkbox"/> 2. Has every participant's vaccination status been updated eg. COVID-19? <input type="checkbox"/> 3. Are transportation and safety standards appropriate? <input type="checkbox"/> 4. What is the incident management protocol and emergency response system for faculty, staff and students, including the communication protocol? <input type="checkbox"/>	

The above checklist acts as a basic guideline to plan for a trip. You may also refer to the “Managing Medical & Travel Security Risks in the Education Sector: A Framework” published in 2017 by International SOS Foundation.

For more in-depth and bespoke advice, schools should actively make use of their local contacts and assistance centers. Closer to the departure date, the frequency of this exercise should increase to ensure the most up-to-date information is obtained.

4.2 Travel Care Kit

The travel care kit provides the students and others a simple way to organise carry-on travel items. It provides essentials to enable you to travel comfortably and safely



Medical Care Kit	<ol style="list-style-type: none"> 1. Over-the-counter medication 2. Chronic and emergency medication 3. Plasters 4. COVID 19 ART self-test kits 5. Disposable gloves
Prevention Care Kit	<ol style="list-style-type: none"> 1. Surgical mask 2. Wet wipes 3. Alcohol wipes 4. Dry tissue 5. Hand sanitiser
Wellness Care Kit	<ol style="list-style-type: none"> 1. Pre-downloaded entertainment 2. Water bottle 3. Sanitary pad (females)
Safety Care Kit	<ol style="list-style-type: none"> 1. Password protected phones 2. Activated phone tracking software 3. Select only 1 or 2 credit cards to bring along 4. Power bank and multiplug adaptor 5. Digital records of your important documents (saved in emails / encrypted cloud) 6. Door stopper

Medications pack

Over-the-counter medication should contain:

- Aloe vera gel (For sun burn)
- Calamine lotion (For itchy skin)
- Anti-diarrhoea medication
- Laxative
- Antacids
- Antihistamine such as diphenhydramine
- Hydrocortisone cream strength 1%
- Cough and cold medications
- Pain relievers such as acetaminophen (paracetamol) and ibuprofen

Emergency medication

- Auto-injector of epinephrine (If prescribed by your doctor)
- Salbutamol metered dose inhaler for asthmatic attacks (If prescribed by your doctor)
- Aspirin 75-100mg dose (adults only to be administered under medical supervision for acute chest pain)
- Packet of sugar/sugary drink (for diabetics at risk of low sugar levels)

Medications should be carried in hand luggage to reduce the risk of loss or confiscation by authorities. Routine and emergency medications should have an accompanying doctor's letter stating dosages and prescription. Anticipate travel disruptions and prolonged stays or unexpected extended quarantine periods and prepare accordingly. It is useful to call International SOS ahead of travel to check if routine/emergency medications are available at your destination in case medications are forgotten or lost. Please note that prescriptions from another country are usually not accepted and need to be re-prescribed by a local doctor.

If in doubt, it is advisable to call International SOS and speak to the medical team for assistance on the preparation of an individualised medical care kit.

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