Content

Title：	School Health Act Ch
Date：	2015.12.30
Legislative：	1.All 29 articles amended and promulgated by the (2002) Presidential Order Hua-Zong-Yi-Yi-Zi No. 09100025070 on February 6, 2002 are effective from the date of promulgation. 2.Amended Article 12,15,16,22,23 and added Articles 23-1 to 23-3 and promulgated by the (2013) Presidential Order Hua-Zong-Yi-Yi-Zi No. 10200229241 on December 18, 2013. 3.Amendments of Articles 5, 16, and 20 to 23-2 of the School Health Act promulgated December 30, 2015
Content：	Article 1 This Act has been formulated to promote the health of students and all staff members, and establish a foundation for national health, and improve people’s quality of life. Matters that are not addressed in this Act shall be governed by the provisions of other relevant laws. Article 2 In this Act the term ‘competent authority’ refers to: the Ministry of Education at the central government level; the municipal government at the municipality level; and the county or city government at the county or city level respectively. When any matter undertaken in accordance with the provisions of this Act requires the involvement of people working in the health, environmental protection, or social affairs jurisdictions, the competent authority shall handle the matter in conjunction with all relevant bodies in the respective jurisdiction. Article 3 The competent authority at each level and schools at all levels throughout Taiwan (hereafter referred to by “school” or "schools") shall conduct school health-related work in accordance with this Act. Article 4 The competent authority at each level shall designate dedicated units and appoint professionals to handle school health-related matters. Article 5 The competent authority at each level shall select and appoint scholars, experts, and representatives of organizations, and relevant bodies to form a School Health Committee with the responsibility to: 1.Provide consultation, guidance, and advice regarding school health policies and regulations;

2.Provide consultation, guidance, and advice regarding school health planning, programs, measures, and evaluation;
3.Provide consultation, guidance, and advice regarding planning, and research and development matters related to school health education and activities;
4.Provide consultation, guidance, and advice regarding planning, and research and development matters related to school health and healthcare services;
5.Provide consultation, guidance and advice regarding the planning, and research and development of the health related management of school environments;
6.Coordinate relevant bodies and organizations to promote and implement school health matters; and
7.Provide consultation regarding other matters related to school health promotion and implementation.

Article 6

Schools shall designate units and/or dedicated personnel to be responsible for the planning, design, promotion, and implementation of school health related matters.

Schools shall have a health center to serve as a venue for health checks, health management, first aid and emergency care, health counseling, and health education support.

Article 7

Schools at the senior high school or lower level with less than 40 classes shall have one nurse on staff; schools with more than 40 classes shall have at least two nurses on staff.

Schools at the junior college level and above may put nurses on staff using the ratios stipulated in the preceding paragraph.

School medical personnel shall be legally qualified and registered.

Article 8

Schools shall establish a student health management system and organize student health examinations on a regular basis. When necessary, schools may organize other health examinations of students and all staff members for specific purposes, or disease-specific checkups.

The implementation regulations governing who is to be examined, and the specific scope, methods, and other matters related to the student health examinations referred to in the preceding paragraph shall be determined by the central competent authority in conjunction with the central competent health authority.

Article 9

Schools shall include students' health check-ups and disease examination results in each student’s records, and if a student transfers to another school, these health related records shall be forwarded to their new school.

The student records referred to in the preceding paragraph shall be kept confidential and may not be disclosed without due cause. This restriction does not apply when a student's medical records are required for teaching, counseling, or medical reasons and parental consent of the student has been obtained, or when any other law or regulation requires such records to be provided.

Article 10

Schools shall provide health guidance, and/or organize corrective treatment for physical defects, or arrange treatment referrals, based on students' health examination results.

Article 11

Schools shall increase the work they do to prevent and treat the poor vision, dental cavities, parasitic diseases, hepatitis, curvature of the spine, sports injuries, obesity, and poor nutrition or malnutrition that are physical defects and conditions commonly seen in students.

Article 12

Schools shall increase the counseling and care they provide for students with heart disease, asthma, epilepsy, diabetes, and hemophilia, cancer, mental illness, rare diseases, and any other major illness, and students with disabilities. When necessary, their schoolwork and activities may be adjusted to accommodate their needs.

Article 13

When a school becomes aware that any student or any staff member has contracted an infectious disease, it shall undertake appropriate epidemic prevention and monitoring measures in conjunction with the health and environmental protection authorities. When necessary, access to the school may be prohibited.

The competent authority at each level may order the suspension of classes, to prevent the school from spreading a communicable disease.

Article 14

Schools shall collaborate with the competent health authority to organize post-enrollment student vaccinations. First year elementary school students shall have had all scheduled vaccinations completed before their enrollment. Schools shall notify the health authority about supplementary vaccinations of students who have not been fully vaccinated before enrollment.

Article 15

In order to provide appropriate first aid care for students and all staff members who have an injury or illness requiring urgent care, schools shall, as stipulated in Paragraph 2, formulate emergency injury treatment

protocols, and enhance on-campus knowledge of first aid.
The competent authority at each level shall prescribe the regulations governing the specific scope, procedures, and other matters arising in connection with handling an injury or illness requiring urgent care, as referred to in the preceding paragraph.
If a school discovers any case of suspected food poisoning, the school shall take emergency first-aid measures and shall at the same time notify the competent health authority of the municipality or county (city) to handle the matter.
Article 16
Schools at the senior secondary and lower levels shall establish health related courses, and educational institutions at junior college level and higher may establish such courses if deemed necessary.
Health related courses, teaching materials, and teaching methodology shall be appropriate to the students' stage of growth and development, and their needs, and shall take into proper consideration their cognition, cultivating affirmative attitudes, and skill related aspects.
The health-related courses referred to in Paragraph 1 shall include healthy eating education, which has the aim of establishing proper dietary habits, fostering respect for life and nature, enhancing awareness of environmental protection, and deepening students' understanding of where foods come from, and of national and regional food cultures.

Schools shall encourage students to participate in the preparation of school meals.
Article 17
Teachers of health-related courses shall participate in professional on-the-job further training to improve their teaching methodology, and make health-related teaching and learning more effective.
The competent authority or the school may recommend and send teachers to participate in further health curriculum training, based on actual needs.

Article 18
Schools offering health-related courses shall maintain fully adequate their health-related course teaching facilities. When necessary, specialized health-related classrooms may be set up.
Article 19
Schools shall conduct more health promotion and activities that establish healthy lifestyle behaviors.
Article 20
Schools at the senior secondary and lower levels shall work together with students' families and the community,

integrating the human and other resources that they can contribute, and jointly undertake community-based healthy eating education and environmental protection activities. Educational institutions at junior college level and above may do the same.

Article 21
The planning for the construction of an educational institution shall take into consideration the geology, soil and water conservation, traffic and transportation, air and water pollution, noise, and other aspects of the proposed campus site that affect the environment.
The buildings, drinking water, toilets, washbasins, garbage management, wastewater treatment, noise, ventilation, lighting, adequate natural light, chalkboards, classroom desks and chairs, fire safety equipment, disability access provisions, and breastfeeding facilities on campus shall be in compliance with the standards prescribed in the related laws and regulations.
Article 22
Educational institutions shall strengthen the health management of their cafeterias, kitchens, and student and staff cooperative stores.

The competent authority at each level or individual educational institutions shall organize health-related training, further education, and workshops for the personnel working in the facilities referred to in the previous paragraph.
Food and beverage hygiene management in educational institutions shall be undertaken in accordance with the Regulations on Food Good Hygiene Practice (GHP) referred to in Article 8, Paragraph 1 of the Act Governing Food Safety and Sanitation.

The competent authority at each level shall supervise and assist educational institutions as they establish food hygiene self-management mechanisms and put in place their own practical implementation and management of related checks. Educational institutions shall inspect their dining facilities at least once a week and record the results. The records shall be kept for three years.

The competent education authority at each level shall collaborate with the competent agriculture and health authorities to conduct regular food hygiene inspections of educational institutions randomly selected at least once each year, and the competent agriculture authority or competent health authority shall perform checks of the hygiene, safety, and quality of their randomly sampled

foods.

The regulations governing the scope, methods, inspections, and any other matters that are to be undertaken pertaining to the management, supervision, and assistance referred to in Paragraph 1 and Paragraph 4 respectively, shall be prescribed by the central competent authority in conjunction with the central competent health authority.

Article 23
Schools that provide meals shall provide healthy, safe, and nutritionally balanced foods that satisfy the School Lunch Content and Nutrition Criteria determined by the central competent authority and are in compliance with the Dietary Reference Intakes established by the central health competent authority and shall provide nutrition education that is supervised and undertaken by dietitians.

Schools that provide meals shall offer a vegetarian meal choice.

The schools referred to in Paragraph 1 shall give priority to using quality local agricultural products accredited by the central competent agricultural authority for the meals that they provide and are prohibited from using raw and fresh foods that contain genetically modified ingredients or primary products made with them.
Article 23-1
Schools at the senior secondary and lower levels with 40 classes or more shall have at least one dietitian on staff. Each county and city competent authority shall determine the number of dietitians for each school within its jurisdiction.

The duties of the school dietitian referred to in the preceding paragraph are to:
1.Oversee and assist with food hygiene and safety.
2.Implement management of meals.
3.Implement healthy eating education.
4.Provide nutrition guidance for the entire school.
5.Look after individual nutritional care cases.
Article 23-2
Each municipal and county (city) government shall form a School Lunch Advisory Council that is responsible for setting standards, advising, assessing schools' school-lunch related operations, and giving associated awards and incentives, or penalties.
Schools at the senior secondary and lower levels that serve lunch shall establish a School Lunch Council or an organization of the same nature; its composition, the

selection of its members, and the principles governing supplies and conflict of interest shall be determined by each relevant competent authority. Parents of current students shall account for at least one-fourth of the members.
The competent authority shall provide subsidies for junior high schools and elementary schools to establish kitchens, and shall provide subsidies for schools at the senior secondary and lower levels that are located in mountainous, remote, or outlying island areas to operate a lunch program that is needed because of their location, and shall collaborate with the competent agricultural authorities with regard to the supply of local ingredients. The regulations governing such subsidies shall be determined by the competent authority. The central competent authority shall regularly collaborate with municipal and county (city) governments to review the operation of school lunch programs and send personnel to undertake on-site inspections. The way the review will be conducted, the specific items to be reviewed, and the number of schools to be reviewed shall be determined through joint consultation by the competent authority in consultation with the municipal and county (city) governments.

Article 24
Schools at the senior high school or lower level shall impose a complete smoking ban; and may not sell tobacco, alcohol, betel nut, and other substances that are harmful to physical and mental health.
Article 25
Schools shall formulate a plan to implement building, equipment, and facilities safety and environmental health inspections at scheduled times each semester, and shall maintain teaching and sports and play equipment, and facilities at all times, and prior to the start of each semester, shall undertake a thorough inspection and do any necessary repairs.

Article 26
The competent authority at each level and schools shall itemize annual school health-related and healthcare funding, and the designated funding shall be specifically used for related expenses.

Article 27
The competent authority at each level shall conduct evaluation of the health-related work of schools within their respective jurisdiction. Schools with an outstanding performance shall be given rewards and incentives. Schools that undertake school health-related work badly shall be

ordered to make improvements within a specified time, and any such school that fails to do so within the specified time, or in which there are significant shortcomings, shall be the subject of disciplinary action being taken by the competent authority.

Article 28

The enforcement rules of this Act shall be determined by the central competent authority.

Article 29

This act shall be effective from the date of promulgation.

Data Source： Laws and Regulations Retrieving System