

Looking at Your School Health Program

PART I

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As Christian educators, we are concerned about all areas of our students' well-being. A logical outcome of this concern is an upgrading of our school health programs. However, since parents are the primary caregivers, we must ask ourselves where the school's responsibility should begin and end.

Teachers spend more time with children than do their parents, so they are in a good position to observe their health-related problems. In fact, it is their duty to do so. When parents enroll their child, they should be able to expect that some health care will be offered at the school. Children cannot learn well if they are sick or troubled.

In designing a school health program, you must consider the following:

- The mandates of the state or province,
- The wishes of parents,
- The guidelines of the local conference,
- The needs of the students, and
- The school's budget.

The mandates of your state or province can be obtained from the superintendent of schools. Additional services can be added after the mandated program is in place. For example, you might incorporate a dental program with screening and follow-up.

Of course, the desired program has to be adjusted to match available finances and personnel. Most private schools think that they cannot afford a school nurse. However, a mother with medical training or a retired nurse might be willing to come in for a few hours a week as a volunteer or for a small stipend.

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Once you have designed a school health program, you can ask for volunteers to help put it into action. Many parents and church members qualify in various ways and would be happy to help if they knew your needs.

The Teacher as School Nurse

Since about three-quarters of Adventist church schools in North America are multigrade, chances are that if you are an elementary teacher, you may be doing double duty as school nurse. Perhaps you feel inadequate and unsure of what to do. This article will define the role of the school nurse and the importance of a health program in your school.

The school nurse is basically a public-health nurse who specializes in preventive medicine. The school nurse does not diagnose or treat sick children.

Rather he or she observes, reports, and follows up on abnormal conditions. The only treatment a school nurse administers is first aid, such as any lay person would give in an emergency.

Emergency Care as a First Priority

When an accident or serious illness occurs at school, everything stops. Common-sense rules suggest the following response to an emergency: Call paramedics, then contact the child's parents. But things do not always work out that simply—especially in a remote area or when a disaster occurs.

Don't wait for an emergency. Urge every adult working or volunteering at your school to take Basic First Aid and Cardiopulmonary Resuscitation (CPR) now. The CPR course, which is offered free or for a minimal charge, includes instructions for helping a choking patient (the Heimlich

**CHART 1
PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT**

TYPE	PHYSICAL INDICATORS	BEHAVIORAL INDICATORS
PHYSICAL ABUSE	<ul style="list-style-type: none"> -Unexplained bruises and welts: -Unexplained burns -Unexplained fractures -Unexplained lacerations or abrasions 	<ul style="list-style-type: none"> -Wary of adult contacts -Apprehensive when other children cry -Behavioral extremes -Frightened of parents -Afraid to go home -Reports injury by parents
PHYSICAL NEGLECT	<ul style="list-style-type: none"> -Consistent hunger, poor hygiene -Inappropriate dress -Lack of supervision, especially in dangerous activities for long periods -Unattended physical problems or medical needs -Abandonment 	<ul style="list-style-type: none"> -Begging, stealing food -Extended stays at school (early arrival and late departure) -Constant fatigue, listlessness, or falling asleep in class -Alcohol or drug abuse -Delinquency (e. g. thefts) -States there is no caretaker
SEXUAL ABUSE	<ul style="list-style-type: none"> -Difficulty in walking or sitting -Torn, stained, or bloody underclothing -Pain or itching in genital area -Bruises or bleeding in external genitalia, vaginal or, anal areas -Venereal disease, especially in pre-teens -Pregnancy 	<ul style="list-style-type: none"> -Unwilling to change for gym or participate in physical education class -Withdrawal, fantasy, or infantile behavior -Bizarre, sophisticated, or unusual sexual behavior or knowledge -Poor peer relationship -Reports sexual assault by caretaker
EMOTIONAL MALTREATMENT	<ul style="list-style-type: none"> -Speech disorders -Lags in physical development -Failure to thrive 	<ul style="list-style-type: none"> -Habit disorders (sucking, biting, rocking, etc.) -Conduct disorders (antisocial, destructive, etc.) -Neurotic traits -Developmental lags (mental, emotional) -Attempted suicide

maneuver). Children can and do choke on their food as well as other objects. Immediate action must be taken to save them. Basic First Aid classes are taught by the American Red Cross, which also offers courses for juniors and children.

Accident awareness needs to be combined with disaster preparedness. You can obtain from the Red Cross a list of the necessary supplies to deal with a disaster. The school should develop a well-thought-out disaster plan and practice it regularly. A simple drill is not enough. Each adult and child should know the plan and how they fit into it.

The disaster plan should include strategies for dealing with a large number of serious injuries. This is especially important at a boarding school, where help may not be available for some time.

Child Abuse, Sexual Abuse, and Neglect

Dealing with child abuse is considered second only to emergency care as a health priority. Child abuse is defined by

the Los Angeles Unified School District as "a physical injury inflicted by other than accidental means on a child by another person; sexual assault, molestation, or exploitation of a child; and/or emotional injury to a child. Child abuse also includes two types of neglect: physical and emotional."

Don't assume that this cannot happen to children at your school. Abuse crosses all economic, social, and religious boundaries. Because the signs are very subtle, it is important to keep a wary eye for problems. In our local school system we are seeing different types of abuse because of the influx of students from a variety of cultures. For instance, "coining" has become a real problem. The child's back and chest are rubbed with a coin until the skin is nearly bleeding and becomes black. Well-meaning parents believe that this will release impurities. The scarring can be permanent.

Child abuse must be dealt with on a daily basis in some areas. Observe your students closely. Look not only for physi-

cal abuse, but also for behavior changes. Some children will tell you everything. Others will try to protect their parents at any cost. After all, they love their parents, and abuse may seem justified in their judgment.

If a child does not want to go home after school, you should suspect that something is wrong. Listen as children talk among themselves. You may find out that a child is home alone while the parent is away for an extended period. This is neglect.

Any abuse, or suspected abuse, *must* be reported. Review carefully the physical and behavioral indicators listed in Chart I. Only one symptom needs to be present for you to suspect abuse. Follow the criteria set up for reporting in your area. In many areas the penalty for not reporting is severe. But consider the plight of the child. Abuse is unlikely to cease without some kind of intervention. You may be the only person who can protect your students.

If you suspect child abuse, you may want to examine the child. It is unwise to ask a child at school to undress, but you can ask to see his or her back or legs. Be very careful how far you go with your examination. Always examine the child with another faculty member present. Document your findings in writing, including the date, the name of the witness, and any other pertinent information.

Communicable Diseases

Generally it is the teacher's responsibility to exclude sick youngsters from classes. This may be a relatively easy task. However, it is not as easy to identify the cause, prevent contagion, or know when to readmit the student to school.

Again, observation is the key word. Usually a child with a communicable disease will complain of not feeling well. He or she may also develop a variety of symptoms. These are likely to mimic cold symptoms, since nearly half of common childhood diseases fall into the respiratory group. Other problems to watch for include diarrhea, nausea, vomiting, earache, jaundice (yellow cast to skin), itching, irritability, listlessness, or even a rash.

Take the child's temperature, and check his or her neck for enlarged lymph nodes. Ask a few simple questions to determine how sick the child is.

Generally it is not important for you

to immediately diagnose an illness, or remember incubation periods or the length of time a child needs to be out of school. Refer to resource material put out by your local health department at the time you need this information.

It is important to prevent the spread of communicable disease. Therefore, you should take certain precautions. Many people are concerned about AIDS. Since a long period of time may elapse between exposure and diagnosis, you should regard all bodily fluids as contaminated. Blood from a cut or a nosebleed needs to be handled with disposable gloves. Teachers and students are rarely exposed to AIDS through other bodily fluids in a school situation, though extra precautions may be necessary if a child with AIDS lives in a dormitory.

Cleanliness is always very important. The teacher needs to practice and teach frequent hand washing, covering sneezes, using proper restroom procedures, caring for vomitus, and so on. This is a part of controlling communicable diseases and rashes.

Teach the children that their clothes, their food, and the space immediately around them should not be shared. This does not mean that you—or they—cannot show affection or that there should be a climate of fear about contagion. Just stress the rules of cleanliness and take basic precautions.

Rashes

Skin rashes often look worse than they really are. Most rashes one sees at school are not contagious. You should learn to recognize chicken pox. Measles is rare, since all children should have been immunized. The three most common skin diseases seen at school are impetigo, ringworm, and scabies. Impetigo appears as a reddened area of the skin, usually on the face or extremities. It has yellowish crusts that may look like scabs. An antibiotic ointment will clear it up. The child should not be allowed in school unless the disease is being treated and the affected areas are covered.

Scabies is becoming more common. It is caused by a mite that burrows under the skin folds or between the fingers. You may see a gray line but usually you will notice papules and vesicles.* Scabies is very itchy. The entire body must be treated twice, 24 hours apart. And linen and clothes must be disinfected.

Height _____		Date _____	This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling. Yes <input type="checkbox"/> No <input type="checkbox"/>
Weight _____		Tuberculin Skin Test _____	
Blood _____		Laboratory Test _____	
Pressure _____		Urinalysis _____	
		Blood Tests _____	
		X-ray _____	
	Date _____	Provider's Signature _____	<ul style="list-style-type: none"> To be completed by the family physician and kept on file at the school for all children: a) entering school for the first time; b) at grade seven (this should include the scoliosis examination); c) at least once in grades nine through twelve; d) at other grades, when required by the Conference Board of Education.
Measles			
Mumps			
Rubella			
Other			
DPT Series	Date _____	Provider's Signature _____	Explain Abnormalities
DPT I			
DPT II			Nutritional status and general appearance of the child
DPT III			
DPT Booster			
DT			
DT Booster			
POLIO Series	Date _____	Provider's Signature _____	Recommendations for additional medical or dental care
POLIO I			
POLIO II			
POLIO III			Skin
POLIO Booster			
<ul style="list-style-type: none"> A physical exam shall be considered current (except scoliosis exam) if taken not more than twelve months prior to any of the above dates and the report is submitted to the school. 			Eyes, vision, glasses
			Ears, hearing
			Glands
			Nose and throat
			Chest, lungs
			Cardiovascular, heart
			Abdomen, enlargement
Posture			tenderness
Extremities			hernia
Genitourinary			Spine, back (Grade 7 - Scoliosis)
Nervous System, reflexes			

Be on the outlook for ringworm (Tinea). This fungus disease is usually characterized by round eruptions. The hair falls out in circles if the scalp is involved. Ringworm must be treated by a physician. The child may attend school while being treated if the infected area is covered.

Pink eye may be your biggest contagion problem. As girls stand in the restroom, they giggle and pass around conjunctivitis with the latest shade of green eye shadow. Then they come to school with bloodshot eyes. A good indication of pink eye is eyelids that stick together in the morning. The eyes are also itchy. However, not all itchy eyes are caused by pink eye. Pollen allergies and irritation from chlorinated swimming pools can cause reddened eyes. If the

child's eyes are draining, he or she should be sent to a physician.

Head lice or pediculosis can be a real nuisance. You should learn to identify the lice and the nits. The treatment is an over-the-counter medicated shampoo that is available at the drugstore. Clothing and bedding also need to be disinfected to prevent reinfestation. Remind children not to share combs or hats.

Children occasionally contract more serious illnesses like mononucleosis, meningitis, and hepatitis. These diseases require the ongoing care of a physician. You should require a doctor's note for readmittance to school following a serious illness or an extended absence. Some

*Papule—small solid, usually conical elevation of the skin; vesicle—membranous, usually fluid-filled pouch in the skin, similar to a blister.

Permanent Health History

Name _____ Birth Date _____
 Address _____
 _____ SS# _____
 School _____ Grade _____

Family	Living with child (Name)	Health
Father		
Mother		
Stepparent		
Others	How Many	
Brothers	How Many	
Sisters	How Many	

Has child ever been in hospital overnight? _____
 Reason _____

Other serious accidents or illness _____

Please check

Allergies: to Bee Sting	Heart Condition	Has special needs _____
to Food	Hernia	Is on medication _____
Other	High Blood Pressure	Physical activities are limited _____
Anemia	Hives & Eczema	Has a good appetite _____
Asthma	Kidney Problem	Sleeps well _____
Chickenpox	Measles	Is under care of a physician _____
Cancer	Meningitis	Has had a dental examination _____
Diabetes	Menstrual Problem	Parent's Signature _____
Diphtheria	Migraine Headaches	Date _____
Etiaches	Mumps	
Eye problem	Parasites	
Frequent Sore Throats	Pneumonia	
Head Injury	Positive T.B. Test	
Hearing Loss	Polio	

schools require a doctor's authorization for absences of more than two or three days.

Immunization Assessment and Health History

Most schools require parents to bring a record of immunizations when their child enrolls in school. Be careful to follow the specific guidelines of your state or province in this regard. Their demands may change each year, so keep abreast of the requirements. Most states require students to be immunized against polio; measles, mumps, and rubella (MMR), diphtheria, whooping cough, and tetanus (DPT).

A problem arises when children enroll who have just begun, or are in the middle of, their series of immunizations. Remember to have the parent provide evidence that the immunizations were updated when due. Other immunizations may be necessary if your students go to developing countries as student missionaries or on Maranatha projects or class trips. Check with the local health depart-

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ment to determine which shots are appropriate and how long before travel they should be administered.

Along with the immunizations, you can require a skin test for tuberculosis, which is on the increase. For example, in California the Department of Health Services reported a steady decrease in T.B. cases until 1970. Since that time the number of cases has dramatically increased. In 1989 4,212 cases were reported in the state.

California law requires every child to have a tuberculin skin test before entering school. Students must return to

their doctor or clinic to have the test read. If the results are positive, the child is given a chest x-ray. If the x-ray is positive, the child generally will have to undergo long-term treatment. He or she can attend school during this time, as the disease is not considered contagious if the person is taking medication.

When a child enrolls in your school, be sure to ask for a comprehensive health history, along with his or her immunization record. This may well save time and headaches later. A questionnaire filled out by the parents can be a valuable adjunct to a doctor's report. Parents remember things that a doctor may overlook or not be aware of.

School health forms should include questions about conditions that may cause serious problems at school. For example, the school needs to know about seizures and asthma. Ask about the severity of the condition, and whether the child must take medication. You also need to know if the child has any food allergies. All of this information can be obtained efficiently by requesting a comprehensive health inventory. (See sample form on the left.)

Part II will include the following subjects: Observing the students, a word about parents, giving medication at school, health education for the teacher and student, available resources, and a list of helpful equipment.

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Grateful acknowledgement is given to Los Angeles Unified School District for the use of the definition of child abuse and neglect and for the many bulletins over the years and the many professional nurses and supervisors who contributed to my knowledge of school health. Also to the Tuberculosis Control Unit in Sacramento from whom I obtained the necessary statistics.

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