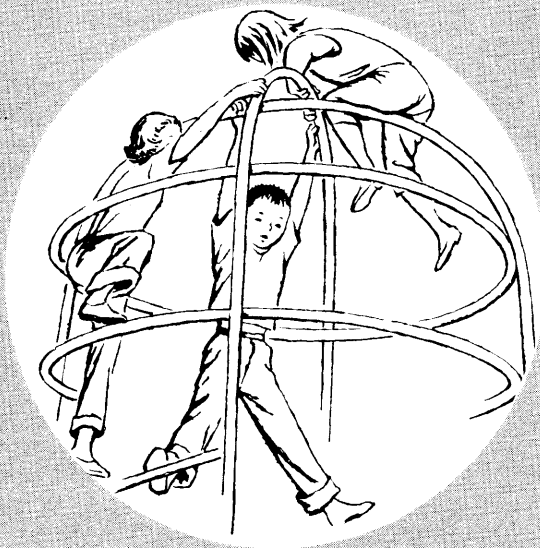


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school health program

AN OUTLINE FOR SCHOOL AND COMMUNITY



U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

Public Health Service
Children's Bureau
Office of Education

THE HEALTH of the school-age child is basically the responsibility of parents. However, various community groups also have significant roles to play—particularly the schools and the public health department, as well as professional, voluntary, and other organizations. The interested people will best achieve their allied goals when they recognize one another's fundamental objectives, problems, and resources. The progressive improvement of education

and health for every child will depend upon the extent to which community workers, with mutual trust, share appropriate responsibilities and effectively use all the available specialized skills. This fast changing world requires that programs undergo continuous review and modification. For all who are interested in improving their local school health program, this pamphlet outlines a number of aspects and topics that deserve consideration.

school health program



I. HEALTH EDUCATION

Is this program based on present and future health needs, interests, and conditions? Is it building sound health knowledge, attitudes, and practices?

for example, is attention being given to

a. The pupils' health education?

Their health needs and the community's
Development of health curriculum; of curriculum guides and units for study

Organization of health instruction to provide:
Direct as well as integrated and correlated teaching

Use of incidental and situational events

Continuity of instruction

Provision for individual health guidance

Use of health services and of the environment
Health instruction resources: community facilities and resource persons, books and pamphlets, audiovisual aids

Evaluation of pupil progress in health education

b. The school staff: selecting and preparing them for health education responsibilities?

Consideration of pre-service education and experience

In-service education: planned, continuous, and related to total program

Supervision and consultation for the staff

c. Parents and the community?

Interpretation of the school-community health program

Study of child-community health needs

Formation of adult study groups

Enlistment of adult cooperation in planning

Establishment of parent-school communications, for both general and individual health considerations

II. THE SCHOOL ENVIRONMENT

Does it promote health and safety? Does it support the education program?

for example, is attention being given to

a. The emotional climate of the school?

Its effect upon the mental health of pupils and teachers

Interpersonal relationships: teacher-pupil, pupil-pupil, community-school, etc.

Recognition of differences among children

b. The health aspects of administrative policies and practices?

Scheduling the school day, school week, school year

Homework and extracurricular activities

The pupil-teacher ratio

Grouping, grading, and promotion practices

Reporting pupil progress

c. The maintenance of buildings and grounds?

Periodic inspection and follow-up for:

Temperature, humidity, and ventilation control

Design and control of lighting, noise, and color

Safe water supply and waste disposal

Lavatory and hand-washing facilities

Maintenance and storage of equipment and supplies

Housekeeping and janitorial services

d. Prevention of accidents?

Safety education

Policies related to protecting children; within the school and on the grounds
 Traffic control, inside and outside
 Transportation policies, procedures, and equipment; to and from school, field trips and excursions
 Driver education
 Policies on organized athletics
 Protective equipment: in physical education, athletics, laboratories, shops, etc.
 Facilities and practices in shops, laboratories, gymnasiums, food service areas, etc.

e. Food services?

Availability to all children
 Provision of foods that meet nutritional needs of children and are wholesome and appetizing
 Conformity to State and local sanitary regulations
 Provision of adequate and attractive space and facilities
 Coordination of food service with total school program

III. HEALTH SERVICES

Do they reflect sound public health and educational principles? Do they contribute to the conservation of child and community health, and to the health education of pupils and parents? Do they find, refer, and facilitate correction or improvement of health problems?

for example, is attention being given to

a. Identification of health needs and resources?

Study of health problems
 Determination of immediate and long-range goals
 Survey of available resources

b. Appropriate selection and use of services and personnel?

Medical	Dental	Nursing
Psychiatric	Psychological	Guidance
Nutritional	Social Work	

c. Coordination of program and services?

Provision of administrative leadership, supervision, and consultation to health service personnel
 Use of services of other community agencies; such as child guidance clinics, special programs of service clubs, etc.

d. Health facilities, equipment, and supplies?

Appraisal for adequacy
 Planning for most effective use

e. Communicable disease control?

Establishing and maintaining adequate levels of immunity
 Policies and procedures for isolation and re-admission
 Sanitation practices

f. Health appraisal and follow-up activities?

Teacher observation practices and referral procedures
 Health histories and growth records
 Screening for vision and hearing, and other conditions
 Evaluations by medical, dental, and nursing personnel
 Psychological studies
 Functional use of records
 Case conference procedures
 Referral to appropriate clinical services
 Interpretation to parents, pupils, teachers, physicians, agency personnel, and others concerned

g. Management of emergency illness and injury?

Establishment of basic policies and procedures; and continuous appraisals of their effectiveness
 Interpretation of health emergencies to school personnel, children, parents, and others involved

h. Handicapped children: their placement and supervision?

Use of joint medical and educational judgment to determine placement—within the regular school program; in special classes and special programs (for example, home instruction)
 Continuous appraisal of pupil placement and progress
 Vocational guidance for teen-agers

i. Health of school personnel?

Development of personnel policies and practices on:
 Pre-employment and periodic examinations
 Special requirements, such as tuberculosis screening
 Special services, such as health counseling
 Retention and reassignment

school health program



The Council of Chief State School Officers and the Association of State and Territorial Health Officers cooperatively developed and published a policy statement on *Responsibilities of State Departments of Education and Health for School Health Services*. (See bibliography.) Selected principles cited in that publication are listed here for their pertinency:

1. "School health services should be planned jointly by departments of education and health with other representatives of the medical, dental, nursing, and education professions, voluntary agencies, and other groups that have a continuing interest in the health of school-age children.
2. "A most important factor in a successful school health program is the cooperative leadership by both educational and health administrators and their mutual interest in achieving their common goals.
3. "Although an agency may be charged with a specific responsibility, the administration of that responsibility should be the result of joint planning with other appropriate agencies.
4. "School health services should be organized so as to utilize fully the resources of the schools, the health department, the medical, dental, and nursing professions, and other agencies and groups, without duplication of facilities or services.
5. "Programs for planning and action in school health services should be consistent with the health needs of children and should take into account the extent to which present services meet those needs.
6. "The details of school health services may be given convenient labels for purposes of identification, but the program should be organized and

administered as a whole without compartmentalizing the various aspects of these services."

In developing local programs, all sources of potential help and interest should be considered. Assistance should be sought first from local and State resources.

The following State and national groups have special interest, knowledge, and contributions to make:

Official State agencies; that is, departments of health, departments of education, crippled children's agencies, and mental health authorities.

State professional organizations; such as medical, dental, and nursing societies.

Both State and national voluntary agencies concerned with health and related fields.

National Education Association and affiliated groups, particularly the American Association for Health, Physical Education, and Recreation; 1201 Sixteenth Street, N.W., Washington 6, D.C.

American Medical Association, Bureau of Health Education, 535 North Dearborn Street, Chicago 10, Illinois.

American Dental Association, Department of Dental Health Education, 222 East Superior Street, Chicago 11, Illinois.

American Nurses' Association, and the National League for Nursing, both at 10 Columbus Circle, New York 19, N.Y.

U.S. Department of Health, Education, and Welfare, Washington 25, D.C.

Public Health Service

Children's Bureau, Social Security Administration

Office of Education

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