

School health

In order to derive the maximum benefit from the educational program , the child must be healthy physically, mentally, emotionally and socially. Children at school are exposed to a variety of hazards, physical injury, infection, and emotional problems. School age is a period during which the child is undergoing rapid physical and mental development. The school provides a unique opportunity for establishing a firm foundation for health habits of the future adult population. School health is one of the elements of primary health care elements and considered complementary to maternal and child health.

Schools are a strategic means of providing children with educational qualifications that will enable them to find employment and status in life. Schools can be dynamic settings for promoting health, for enabling children to grow and mature into healthy adults, yet the potential of the school to enhance health is often underutilized.' School Health' has largely remained confined to medical check-ups of children and/or some hours of health instruction in the curriculum.

The idea of a comprehensive School Health programme, conceived in the 1940's, included the following major components viz. medical care, hygienic school environment and nutritious school lunch and health and physical Education. These components are important for the overall development of the child and hence need to be included as a part of the curriculum. The more recent addition to the curriculum is Yoga.

The WHO defines a health promoting school as one that is constantly strengthening its capacity as a healthy setting for living, learning and working . It focuses on creating health and preventing important causes of death, disease and disability by helping school children, staff, family and community to care for themselves, take informed decisions over circumstances that affect their health and create conditions that are conducive to health.

The school health policy aims to:-

Provide an effective guide for school administrators /educators to assist them in developing Health Promoting Schools.

Ensure that school health programmes are based on formally assessed and evidence based practice.

Advocate the value of a comprehensive and planned approach to school health through education sector.

Encourage partnerships for school health promotion with key stakeholders,viz. students, parents, health professionals, teachers and counselors.

The overall objective of the policy is to equip the educational sector to develop Health promoting schools.

Components of the policy:

The eight components of the comprehensive school Health Policy are:

- 1.A School environment that is safe.
- 2.A sequential Health Education curriculum taught daily in every grade.
- 3.A sequential Physical Education curriculum taught daily in every grade.
- 4.A nutrition services program that includes a food service program and employs well-prepared staff who efficiently serve appealing choices of nutritious foods.
- 5.A school Health Services Program that is designed to ensure access or referral to primary health care services, prevent and control communicable disease and other health problems.
- 6.A counseling ,Psychological, and Social Services Program that is designed to ensure access or referral to assessments, interventions, and other services for student's mental,emotional,and social health and whose services are provided for by well-qualified and well-supported professionals.
- 7.Integrated Family and Community Involvement activities that are designed to engage families as active participants in their children's education
- 8.A Staff Health Promotion Policy that provides opportunities for school staff to improve their health status through activities such as health assessments, health, education and health-related fitness activities.

Aim:- to protect and promote the health of students and school personal.

Objectives of school health program:

1-health education

2-health promotion

3-disease prevention

4-mental health counseling

5-drug and alcohol counseling

6-health family and sex education

7-case management

8-care of special needs children

Administrators of health care:- provided by :

Physicians, dentists, nurses, health educators, social workers, teachers, parents.

Contents of school health services:

1-health appraisal, screening and examination of students and personal (hearing-vision screening, scoliosis screening, BCG screening.

2-emergency care, for sudden illnesses and injuries, first aids

3-prevention and control of communicable diseases, sick leaves, vaccination (German measles vaccine for adolescent girls)

4-identification of handicapped children and provision of special care for them, like: -
blind and partially sight

- those with hearing and speech defects

- epileptics

- educational subnormal

- maladjusted and psychotic

- physically handicapped or delicate

5-provision of sanitary school environment

6-curative services and follow up

7-nutritional services

8-mental health

9-dental health

10-eye health

11-health education

12-proper maintenance and use of school records

Principles of school health services:-

Equitability, breadth of coverage, confidentiality, user of friendness, convenience services are acceptable to all students.

Health care include: (at school entry, routine periodic medical examination school visits and check up to detect defects that required attention)

- History taking, physical examination
- screening tests for vision , hearing, etc
- monitoring growth

Healthful school environment: classified to:

a)physical environment

b)social environment

*Unsafe environment lead to difficult learning

Responsibilities of teachers, students and administrators of health services.

Physical environment: include

1-actual physical plant , building, surrounding:

- Location of school,
- age of building,
- traffic pattern,

- temperature control,
- lighting,
- ventilation (class size, windows, crowding in class, spaces between *Students*).
- Water supply
- Sanitary sewage
- Food services
- School bus safety
- Play grand

2-behaviour of street, unsafe behavior lead to violence, bad habits like addiction, smoking etc

Social or emotional environment: include

- Fear of students- lead to difficult learning
- Anxiety
- all students should treated with respect

-provide opportunity of discussing with parents and teachers problems like smoking for proper solving , and cooperating between students and teachers

-social and emotional environment can have a significant impact on the school environment .

In every society school age mortality rates lower than those in infancy and preschool age years. School children need more for prevention, promotion and educational facilities and smaller need for diagnosis and curative services.

Health problems in developing countries:

1-accidents 2-malnutrition, anemia, vitamin deficiency dis., endemic goiter, night Blindness). 3-infections, more worm infestations 4-diseases of skin, ENT 5-dental caries

Infection Exposure Questions

This topic includes information about transmission of common infections. How long to stay out of school or child care is covered.

Incubation Period. Time it takes to start having symptoms after contact with infection.

Contagious Period. Time during which a sick child's disease can spread to others. Sometimes, children can return to school before this period is over.

Infections that cannot be spread to others. Many common bacterial infections are not spread to others. Examples are ear, sinus, bladder, or kidney infections. Pneumonia also cannot be passed to others. Sexually transmitted diseases are usually not spread to children. But, they can be spread if there is sexual contact or shared bathing.

Infection Exposure Table and sick leaves:-

Skin Infections/Rashes:

Chickenpox 10-212 days before rash until all sores have crusts (6 - 7days)

Fifth disease (Erythema infectiosum) 4-14 7 days before rash until rash begins

Hand, foot, and mouth disease 3-6 Onset of mouth ulcers until fever gone

Impetigo (strep or staph) 2-5 Onset of sores until 24 hours on antibiotic

Lice 7 Onset of itch until 1 treatment

Measles 8-12 4 days before rash until 4 days after rash appears

Roseola 9-10 Onset of fever until rash gone (2 days)

Rubella (German measles) 14-217 days before rash until 5 days after rash appears

Scabies 30-45 Onset of rash until 1 treatment

Scarlet fever 3-6 Onset of fever or rash until 24 hours on antibiotic

Shingles (contagious for chicken pox) 14-16 Onset of rash until all sores have crusts (7 days)

(Note: No need to isolate if sores can be kept covered.)

Warts 30-180 Minimally contagious

Respiratory Infections:

Bronchiolitis 4-6 Onset of cough until 7 days

Colds 2-5 Onset of runny nose until fever gone

Cold sores (herpes) 2-12 Footnote 1

Coughs (viral) or croup (viral) 2-5 Onset of cough until fever gone

Diphtheria 2-5 Onset of sore throat until 4 days on antibiotic

Influenza 1-2 Onset of symptoms until fever gone

Sore throat, strep 2-5 Onset of sore throat until 24 hours on antibiotic

Sore throat, viral 2-5 Onset of sore throat until fever gone

Tuberculosis 6-24 months Until 2 weeks on drugs (Note: Most childhood TB is not contagious.)

Whooping cough 7-10 Onset of runny nose until 5 days on antibiotic

Intestinal Infections:

Diarrhea, bacterial 1-5 Footnote 2 for Diarrhea Precautions

Diarrhea, giardia 7-28 Footnote 2 for Diarrhea Precautions

Diarrhea, traveler's 1-6 Footnote 2 for Diarrhea Precautions

Diarrhea, viral (Rotavirus) 1-3 Footnote 2 for Diarrhea Precautions

Hepatitis A 14-50 2 weeks before jaundice begins until jaundice resolved (7 days)

Pinworms 21-28 Minimally contagious, staying home is unnecessary

Vomiting, viral 2-5 Until vomiting stops

Other Infections:

Infectious mononucleosis 30-50 Onset of fever until fever gone (7 days)

Meningitis, bacterial 2-10 7 days before symptoms until 24 hours on IV antibiotics in hospital

Meningitis, viral 3-6 Onset of symptoms and for 1-2 weeks

Mumps 12-255 days before swelling until swelling gone (7 days)

Pinkeye without pus (viral) 1-5 Mild infection, staying home is unnecessary

Pinkeye with pus (bacterial) 2-7 Onset of pus until 1 day on antibiotic eyedrops

Notes:-

Cold sores: Less than 6 years old, contagious until cold sores are dry (4-5 days). No isolation if sores are on part of body that can be covered. More than 6 years old, no isolation necessary if beyond touching, picking stage.

Diarrhea Precautions: Contagious until stools are formed. Stay home until fever is gone, diarrhea is mild, blood and mucus are gone, and toilet-trained child has control over loose stools. Shigella and E-coli 0157 require extra precautions. Consult your child care provider regarding attendance restrictions.